| TEST S | | | TEST SY |
|--|---|--|---|
| Stone | | Cause | |
| Steps | Failure Mode | Cause | Internal Controls |
| List the stage or aspect of the test system's process under investigation. | List all manners in which failure could occur in this step. | List all causes of the failure mode that have the potential to produce incorrect test results. | Are there internal biological or procedural controls to detect failure? |
| | Sample Collection Integrity | Urine, or toilet paper | No |
| Samples Received Stool Samples | | Storage | No |
| | Aspirate or Wash | No | |
| | Improper Sample | Formed Stool | No |

| TEST S | | | TEST SY |
|-----------------------------------|-------------------|---|-------------------|
| Steps | Failure Mode | Cause | |
| Steps | raliule Mode | Cause | Internal Controls |
| Samples Received Stool Samples | Sample Collection | Specimen contains excess known inhibitors (See PI) or is overinoculated introducing excess inhibitors. No risk to patient results as excess inhibitors will inhibit the PrC and be unresolved | Yes |
| | | Outpatient improper collection | No |
| Specimens and Reagents | Sample Processing | Inadequate volume of specimen used | No |

| TEST S | | | TEST SY |
|------------------------|--------------|---|-------------------|
| | | _ | |
| Steps | Failure Mode | Cause | Internal Controls |
| | | DNA Contamination from PIE incorrectly closed | No |
| Specimens and Reagents | | Amplicon Contamination | No |
| | | Specimen Crossover Contamination | No |

| TEST | | | TEST SY |
|-----------------------|----------------------|----------|---|
| C L | | | |
| Steps | Failure Mode | Cause | Internal Controls |
| | Test Kit Degradation | Shipping | Yes, PrC to detect reagent integrity |
| Test Kit and Reagents | | Storage | Yes |
| | Used past expiration | No | |

| TEST | | | TEST SY | |
|---|---|---|--|----------------------------------|
| Steps | Failure Mode | Cause | Internal Controls | |
| | | Preparation and Use | Yes, internal control to detect operator errors in use of reagents | |
| Reagents | Improper use | Pie not closed correctly | No | |
| | | PIE not inserted into instrument correcity | Yes | |
| Operator Capacity | Training inadequate, Untrained Operator or Short Staffing | Yes, Internal process control | | |
| Operator | Operator Staffing | Operator Staffing Correct Staffing (M MLSs) | Correct Staffing (MLT or MLSs) | Yes, Internal process control |
| | | Dust | No | |
| Laboratory Environment Atmospheric Environment | Temperature | Yes, if the temperature is not accurate, the PrC will not amplify and and will report as Unresolved | | |
| | Atmospheric Environment | Humidity | Yes, Internal control to monitor reagent reactivity. | |

| TEST SY | | | TEST SY |
|------------------------|--|--|-------------------------------------|
| Steps | Failure Mode | Cause | tota valenda |
| | | | Internal Controls |
| Laboratory Environment | Utility Environment | Electrical | No |
| | Run not initiated | Run button not selected | No |
| Laboratory Equipment | Incubation temperature incorrect | Software failure | No |
| | | PIE not inserted correctly | |
| | Specimen Amplification and endpoint result | optics blocked or not not connected | yes, results would be unresolved |
| | | | |
| | Transcription Errors | Incorrect results input for patient | No |
| Post Analytic | Timely reporting of results | Failure to report results in a timely manner | No |

| Means of Failure Detection | | |
|---|---|---|
| External Controls | Engineering Controls | Operator Training |
| Can external controls increase the probability to detect failure? | Are there manufacturer checks to reduce the probability of failure? | Can operators reduce or detect failures through training? |
| No | No | Yes-Techs are trained to reject specimens based on lab policy |
| No | No | Yes |
| No | No | Yes |
| No | No | Yes |

| Means of Failure Detection | | |
|----------------------------|-------------------------|-------------------|
| External Controls | Engineering Controls | Operator Training |
| No | No | Yes |
| No | No | No |
| No | No | Yes |

| Means of Failure Detec | | |
|------------------------|---|--|
| External Controls | Engineering Controls | Operator Training |
| Yes | No | Yes, Staff is trained to proper closure of the PIE |
| Yes | Yes, latch closes the device and cannot be opened without excessive force | Staff is trained to good molecular practice. |
| No | No | Yes, Staff is trained to only have one PIE open at a time. |

| | Means of Failure Detection | |
|---|---|---|
| External Controls | Engineering Controls | Operator Training |
| Yes, Test external quality control (QC) prior to use to detect deterioration during shipping. | No | Yes, Techs are trained to perform external QC testing prior to putting a test kit into use. |
| No | No | Yes, Staff is trained to inspect temperature ranges labelled on the test kit. |
| No | PIEs are all Barcode scanned and cannot be used past expiration. | Yes |

| Means of Failure Detec | | |
|------------------------|--|--|
| External Controls | Engineering Controls | Operator Training |
| No | No | Yes. Training provided on running the assay by manufacturer or a trained operator. |
| No | yes, the retention ring will close the PIE when it is latched onto the rotor if the PIE is not already closed | Yes |
| No | Yes | Yes |
| No | Must sign in to start a run. | Yes - Moderate complexity tests. Must be a trained operator. Only Operators have a user name and password. |
| No | Must sign in to start a run. | Yes - Moderate complexity tests. Must be a trained operator. Only Operators have a user name and password. |
| No | No | Yes, Staffinstructed to keep lids closed unless loading devices. |
| No | Yes, software monitors temperature. | No |
| No | No | Yes, users are instructed to use reagents within 1 hour of opening. |

| Means of Failure Detection | | | |
|----------------------------|--|-------------------|--|
| External Controls | Engineering Controls | Operator Training | |
| No | Instrument will not function or will abort run if there is an electrical disturbance | No | |
| No | Stand by mode after 15 minutes and user is logged off | Yes | |
| No | Yes, Error Code Displayed | No | |
| No | Yes Optics cannot correctly read fluorecence so unresolved or indeterminant is reported. | No | |
| No | No | Yes | |
| No | No | Yes | |

What other processes can the laboratory implement to reduce failure?

Laboratory policy states specimens obviously contaminated with urine, toilet paper are rejected.

All specimens are labelled with collection date and time. Specimens from outreach facilities are shipped with cold packs. Out patients are logged in by Lab assistants and specimens are put in the refrigerator until processed. Techs check to ensure Specimens meet storage criteria. C. diffs are batched at least once per day. If requested, specimen may be run STAT.

Lab policy states to reject specimens that are not stool specimens.

Lab rejects any specimens that do not form to the container. Physician's office is notified if a specimen is rejected.

Collecting persons are trained to the appropriate specimen type. Operators are trained to repeat specimen once if it is unresolved and if specimen is unresolved a second time it is reported as invalid and a recollect requested.

Patient instructions are provided to out-patients to ensure specimen integrity.

Laboratory personnel verify the collection date and time is on the container.

Techs in the lab ensure storage has been appropriate for the assay.

- 1. Training and competency assessment must be completed and signed off prior to performing any testing where patient results are reported.
- 2. Each Year competency is completed for each technologist who performs testing.
- 3. Each technologist participates in proficiency testing.

- 1. Daily Cleaning Logs for Benches and Equipment.
- 2. Amplified devices are discarded in a biohazard container that is removed from the lab daily.
- 3. Infection Control Monitors positivity rate
- 4. System is a closed so amplicon contamination is rare.
- 1. Accession numbers are unique to each patient. Each tube is labelled with an id to ensure the correct patient is processed thru the entire test process.
- 2. Daily Cleaning Logs for Benches and Equipment.
- 3. Competency is performed yearly to ensure proper labeling of specimens and devices.

Product is shipped in labelled boxes that detail storage conditions. Warehouse checks all product in and delivers product to the lab same day.

Staff is instructed to verify integrity of shipping material such as leakage etc...

All coolers and rooms have temperature monitored and recorded daily.

Expiration date checked and documented with each run via PIE Barcode.

- 1. Training and competency assessment must be completed and signed off prior to performing any testing where patient results are reported.
- 2. Yearly competency testing
- 3. Each Operator participates in proficiency testing

The PIE closes when retention ring is added. The closure is secure and cannot be opened without significant force once closed.

Operators are trained to proper insertion of the PIE. If not inserted correctly, the specimen will be reported as unresolved so no risk to patient results.

In the event of short staffing, Untrained operator would never be allowed to run the test. Specimens that are STAT may be batched and TAT may be impacted. However, prior to leaving, all specimens are either reported or are sent out for testing.

Human Resources is required to get diploma and registration for every laboratory tech and they check its validity and keep it on file.

Reaction occurs in a closed device so dust would not impact the reaction.

Reaction occurs in the Revogene. The instrument temperature cycling is monitored by the software.

Test kit does not have humidity requirements. Internal control is present to monitor reagent reactivity.

Working humidity is 0-80-% RH

No risk to patient results as a run could not progress if there was an electrical disturbance.

No risk to patient results

Immediately contact device manufacturer technical support for replacement and notify immediate supervisor.

No risk to patient results as an unresolved or indeterminant result would be reported.

Log is kept of all results that are corrected. Audit all results reported. Results are spot checked for accuracy prior to reporting

Pending list printed twice per shift. Techs trained to report results upon completion of the test. All results reported before leaving. No results are left to be reported on the next shift.