HEALTH HOLDING

HAFER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN HOSPITAL

Department:	Laboratory and Blood Bank (Microbiology)		
Document:	Internal Policy and Procedure		
Title:	Labelling of Reagents and Solutions		
Applies To:	All Laboratory Staff		
Preparation Date:	January 05, 2025	**Index No:**	LB-IPP-146
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1. PURPOSE:

1.1 To establish system & set responsibilities to make sure that all reagents and solutions used in the lab are properly labelled with the identifying information, storing requirements and other precautions needed to use the prepared reagents according to the recommended instructions of the manufacturer.

2. DEFINITONS:

2.1 N/A

3. POLICY:

3.1 All reagents prepared shall be stored as recommended by the manufacture.
3.2 All reagents used shall be within their indicated expiry date.

4. PROCEDURE:

4.1 **Each reagent and solution batch prepared in the lab should be labelled with the following data:**
- 4.1.1 Formula, the quantity and concentrations of the reagent.
- 4.1.2 Storage requirements as mentioned in the manufacture recommendation.
- 4.1.3 The date of preparation of reagents, reconstitution (if lyophilized), opening (if ready for use) & placing on board (if unit are kept on board till consumption).
- 4.1.4 The date of expiry or end of shelf life.

4.2 All reagents prepared shall be stored as recommended by the manufacture.
4.3 All reagents used shall be within their indicated expiry date.
4.4 If there are multiple components of a reagent kit, the laboratory uses components of reagent kits only within the kit lot unless otherwise specified by the manufacturer.
4.5 For reagents to be fractionated aliquots shall be stored in a special box or container labelled as mentioned above.
4.6 Frozen aliquots shall be thawed down only once (unless otherwise specified by the manufacturer).

5. MATERIAL AND EQUIPMENT:

5.1 N/A

6. RESPONSIBILITIES:

6.1 Sections technician/ technologist.

7. APPENDICES:

7.1 N/A

6. RESPONSIBILITIES:

6.1 **The C. pathology specialist/ consultant is responsible for:**
- 6.1.1 The annual inventory ordering.
- 6.1.2 Developing criteria for inspecting, accepting, rejecting and storing items.
- 6.1.3 Reviewing and approving items for order and inventory documentation.

6.2 **Microbiology in-charge technician/ technologist shall:**
- 6.2.1 Identify items for order.
- 6.2.2 Order, receive and add supplies for inventory.
- 6.2.3 Document inspection, acceptance, rejection and storage criteria for supplies.
- 6.2.4 Update the inventory list
- 6.2.5 Physically verify that all items on the list are present.
- 6.2.6 Visually inspect items for signs of deterioration and past expiry dates.
- 6.2.7 Remove all expired or invalid items.

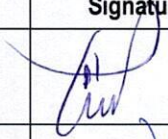
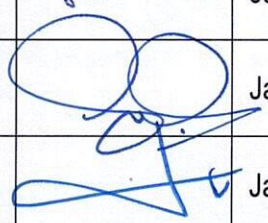
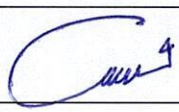
7. APPENDICES:

7.1 N/A

8. REFERENCES:

8.1 Clinical Microbiology Procedures Handbook, American Society of Microbiology, Washington DC,2005.
8.2 Procedure Manual, Toronto Medical laboratories / Mount Sinai Hospital department of microbiology.
8.3 Bailey & Scott's Diagnostic Microbiology. Feingold& Baron; 12th. Ed.2007, C.V. Mosby Co. p. 301.
8.4 Clinical Microbiology Procedures Handbook, American Society of Microbiology, Washington DC,2005.

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Dr. Kawther M. Abdou	Consultant & Lab. Medical Director		January 06, 2025
Reviewed by:	Ms. Noora Melfi Alanizi	Laboratory & Blood Bank Director		January 08, 2025
Reviewed by:	Mr. Abdulelah Ayed Al Mutairi	QM&PS Director		January 12, 2025
Reviewed by:	Dr. Tamer Mohamed Naguib	Medical Director		January 13, 2025
Approved by:	Mr. Fahad Hazam Alshammari	Hospital Director		January 20, 2025