

Ref. No: FOI0130
Date: 11/07/2023
Subject: Quality Management

REQUEST & RESPONSE

1. List of all Laboratories within Pathology to include
 - Modality / Specialism
 - Laboratory Name

Laboratory Name	Modality / Specialism
MWL	Microbiology
	Biochemistry
	Haematology and Transfusion
	Cellular Pathology

2. For each of the following departments please specify the tool used for **Quality Management** (Laboratory Quality Management System (LQMS) is a standardized procedure and practice contributing to the overall quality of laboratory test results) to include
 - Is the tool is Manual or Digital
 - Installation date / Expiry date

Department	Quality Management Tool name	Digital or Manual	Installation date	Expiry /Renewal date
Pathology	Qualsys	Digital	Circa 2000	None identified
Radiology	N/A	N/A	N/A	N/A
Pharmacy	N/A	N/A	N/A	N/A

Reproductive Medicine				
Medical				
Physical Medicine				
Rehab				
Operation Theatre complex				