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| **Form for management reviews**  **FOR-45** | | | | | | | | | | |
| (3) **Place of storage of this record:**  Folder REC | | | (1) **Consecutive No. :** | | | | |  | | |
| (2) **Date:** | | | | |  | | |
| **REVIEW PLAN** | | | | | | | | | | |
| (4) **Objective of the review:** | | | | | | | | | | |
| (5) **Criteria of the review (normative standards):** | | | | | | | | | | |
| (6) **Scope of the review:**  Area of the Laboratory:  Activities or services:  Date of review: Reviewer team: | | | | | | | | | | |
| (7) **SCHEDULE OF THE REVIEW** | | | | | | | | | | |
| ***Topic***   1. Status of actions from previous management reviews. 2. Evaluation of objectives, policies and procedures. 3. Results form recent evaluations (quality indicators, external/internal audits, nonconformities and corrective actions. 4. Feedback and complaints from patients, users and personnel.   **[..]** | | | | | | | ***Date*** | | | ***Hour*** |
| (8) **FINDINGS OF THE REVIEW** | | | | | | | | | | |
| *Document analyzed:*  1.  2.  3.  4.  5. | | | | | | | | | | |
| ***Description of the findings***  a)  b)  c)  d)  **[..]** | ***Actions*** | | | | | | | | ***Responsible/date*** | |
| **Conclusions of review output:**  a) Effectiveness of the management system and its processes: <<Insert actions or decisions>>  **[..]** | | | | | | | | | | |
| Is it required corrections and/or corrective actions? | | No | |  | Yes |  | Responsible/date: | | | |
| Is it necessary improvements? | | No | |  | Yes |  | Responsible/date: | | | |
| **[..]** | | No | |  | Yes |  | Responsible/date: | | | |
| (9) **Closing of the review** | | | | | | | | | | |
| ***Performed by:***  Name and signature:  Name and signature: | | | | | | | **Date of closing:** | | | |

**Ref: QM**

**Instructions for filling:**

(1) Insert the consecutive number of the record, e.g., 001/2023.

(2) Indicate the date of record.

(3) Insert the physical location or electronic path where the form should be stored or collected once it is full (converted into a record).

(4) Indicate the objectives pursued by the review.

**[..]**

(Note) Remember to cross out or cancel blank spaces not used during the filling of this form (in operation) and always keep it readable. If you need to make a change to an already written value (record), place the new value next to it and also insert the sign of the person who made the change with the date of change, without making the previous value illegible.

**Sample Document**

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