*New Antibody Validation Checklist*

|  |  |
| --- | --- |
| Antibody Name:  |  |
| Reason for validation: | ***√ complete/initials/date*** |
| **Admin/Manager Tasks** |  |
| Cost Analysis |  |
| Billing code/PP |  |
| Vantage mapping |  |
| IHC requisition updated |  |
| **Histology IHC Tasks** |  |
| Protocol optimization slides sent for review |  |
| Lawson inventory # created |  |
| QC blocks and slides created |  |
| AB on hand for future testing |  |
| Validation slides sent to MD for review |  |
| Update Master Antibody Guide |  |
| **Medical Director Tasks** |  |
| Validation list assembled |  |
| Protocol optimization slides received/approved |  |
| Protocol optimization returned to the lab |  |
| Validation slides received |  |
| Validation approved |  |
| Validation slides returned to the lab |  |
|  |  |
| Medical Director Review/Sign-off: |  |

**AB Implementation/Go-live Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email notification to the Paths/Histology (date sent):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AP Manager Review/Sign-off:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**