

SWW Region Local Audit Report

Date of publication: <Insert date>

**AUDIT TITLE**

**Location:** A Lab, SWW

**Author(s)/Auditors:**

**Test/process audited:**

**Auditees:** e.g.GPs, specialist clinicians etc.

**Audit standards:**

**Source of audit standards:**

**Time period of audit:**

**Number of requests/events examined:**

**Method(s) used for determining whether requests/events meet audit standards:** data retrieved from LIMS, request details examined, clinical notes examined etc.

**Number (and/or %) of requests/events that meet audit standards:**

**Number (and/or %) of requests/events that fail against audit standards:**

**Summary findings:**

**Recommendations for improvement:**

**Suggested timescale for re-audit:**

**References:**