Laboratory Name:
Section:
Investigated by:

Investigation of Proficiency Testing Results

For quality assessment of unsatisfactory, ungraded or non-consensus proficiency testing results.Document all corrective action and keep this documentation with the PT results.

Proficiency Testing Event/ Year: _____ Date Received: _____

Date Tested: _____

Date Submitted:

Analyte:			
Result reported:			
-			
Acceptable			
Range:			
Repeat Result (if			
possible):			

Problem/Explanation of Findings:

Attach documents as needed.

Corrective Action/Preventive Action:

Attach documents as needed.

 \circ Could this error affect Patient Results? Y/N (if yes, state course of action) :

Reviewed by:

Laboratory Manager/Supervisor: Date:

Medical Director/Pathologist:

Date:

Item	Y/N	Explanations/Comments	Initials /
<u> </u>			Date
Check for problems with survey materials. Hemolysis, bacterial			
contamination, freezing, cracked vials:	Y / N		
Improper storage upon receipt:	Y / N		
Improper reconstitution or handling :	Y / N		
Improper shipping (shipped according to schedule and at proper temperature):	Y/N		
Clerical Error:	N/ / NI		
Transcription error:	Y/N		
Transposition error:	Y / N		
Wrong instrument, method and/or reagent code(s) reported to the program:	Y / N		
Failure to return results to the program within specified time:	Y / N		
Technical Problems:			
Misinterpretation/misidentification of results:	Y / N		
Dilution or pipetting error:	Y / N		
Time delay between reconstitution and analysis:	Y / N		
Calculation error:	Y / N		
Run accepted in nonlinear range:	Y / N		
Run accepted even though controls were out-of-range:	Y / N		
Quality control results demon- strating excessive repeats, shifts or trends :	Y / N		
Run accepted even though calibration was out-of-range or			
overdue:	Y/N		
Sample mix-up:	Y/N		
Method problems: Instrument problem identified :	Y/N		
Instrument repaired or replaced :	Y / N		
Faulty reagents or standards:	Y / N		
Maintenance performed as required:	Y / N		