

## PROFICIENCY TESTING CHECKLIST

**\*\* BE SURE TO FOLLOW ALL PT SURVEY KIT INSTRUCTIONS \*\***

Survey Event	Proficiency Testing Provider	Submission DUE Date

Package Received	Tech:	Date:
Handling – Upon Arrival	Was the kit cold?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no see note)
	Was the kit damaged?	<input type="checkbox"/> Yes (if yes see below) <input type="checkbox"/> No
	Was the kit complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no see note)
	Were storage requirements followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no see note)
	Specimen Numbers:	Specimen Numbers:
	#	#
	#	#
	#	#
	#	#
	#	#

Preparation	Tech:	Date:
	Were reconstitution instructions followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no see note)
	Was volumetric Class A pipette used?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no see note)
	Was reagent grade water or diluent provided by PT provider used?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no see note)
	Was allotted time after reconstitution followed prior to specimen testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no see note)

Processing	Tech:	Date:
	Were samples tested within allowable time?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no see note)
	Were the samples incorporated into the normal laboratory workload and tested as routine patient specimens?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no see note)

Examination	Tech:	Date:
	Were the samples tested according to written laboratory procedure and policy? (e.g. following repeat testing protocol) <b>PT samples must be tested only once.</b> Repeat testing may not be done unless there is a reason to repeat the patient samples.	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no see note)
	Was there any communication with another laboratory regarding the results of the PT specimens?	<input type="checkbox"/> Yes (if yes see note) <input type="checkbox"/> No
	Was the testing performed on-site? PT specimens may <b>NEVER</b> be sent to another lab for testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no see note)

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<b>Result Reporting</b>	Tech:	Date:
	2 <sup>nd</sup> Tech:	Date:
	Were the instruments and testing methods accurately selected from the master list and documents on the test result form?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no see note)
	Were all test results documented on the test result form correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no see note)
	Did all individuals participating in the testing process and the laboratory director or designee sign the attestation statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no see note)
	Was a copy of the test result form, including the attestation statement retained prior to mailing, faxing, or submitting the results online to the PT?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no see note)
	Are all instrument tapes or worksheets showing the results for each PT specimen retained with the test result form?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no see note)
	Were all results checked by 2 <sup>nd</sup> tech for transcription error prior to submitting?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no see note) 2 <sup>nd</sup> tech's initials:
	Result report mailed, faxed, or submitted online to PT provider.	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no see note) Date:
	Were all PT specimens properly stored for retention until evaluation is received?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no see note)

<b>Evaluation Report</b>	Received	Date:
	Reviewed by ALL testing personnel	Date: Initials:
	Reviewed by technical supervisor/consultant	Date:
	Reviewed by laboratory director	Date:
	Were there any unacceptable results?	<input type="checkbox"/> Yes (if yes see note) <input type="checkbox"/> No

**Note:**

- For all questions answered 'negatively' either with a NO or YES, the laboratory director, supervisor, and/or PT provider must be notified immediately.
- All issues and resolutions must be documented on a PT corrective action checklist form.
- Remember: PT specimens may never be sent to another laboratory and/or any communication, for any reason, prior to reporting result is allowed, ever.

Comments:
