

<h1 style="margin: 0;">LABORATORY</h1>	<h1 style="margin: 0;">GENERAL INVESTIGATION CHECKLIST/FORM</h1>
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<b>SURVEY INFORMATION – EXTERNAL QUALITY ASSURANCE (EQA) - PT</b>				
<b>Note: Please complete the report and submit it to the Technical Consultant or Director within 30 days.</b>				
<b>Site/Laboratory Name:</b>			<b>EQA Provider and #:</b>	
Survey Name:		Analyzer Name/Model:		
Date Survey Received:		Date Analysis Performed:		
Date Survey Results Submitted:		Date Evaluations Available:		
Previous Survey Problems (If yes, explain):				
Investigation Performed By:		Date:		
<b>Unacceptable EQA Panel:</b>		<b>Date of Repeat testing:</b>		
<b>Specimen Number</b>	<b>Analyte</b>	<b>Reported Result</b>	<b>Repeated Result</b>	<b>Intended Result/Peer Group</b>

<b>ROOT CAUSE ANALYSIS</b>			
<b>PRE-ANALYTICAL ERRORS:</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Were proficiency testing materials received in the laboratory without delay? Please describe any delivery issues. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were specimens shipped and stored appropriately according to temperature requirements? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did all EQA vials arrive intact (i.e. no missing, broken or leaking specimens) If not, did you contact the provider and notify Supervisor? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you prepare/reconstitute/dilute-EQA specimens as indicated by the kit instructions? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If there were special instructions provided in the kit, were they followed? (Can be indicated by this symbol ) Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Were the correct tests performed on the correct specimen(s)? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was routine maintenance of instruments/equipment performed as scheduled (daily, weekly, monthly, etc.)? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you check lot numbers and storage conditions of kits, reagents, and materials used to perform testing on samples? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Were all expiration dates verified before sample testing (Controls, reagents, etc.)? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Type of Error:</b>			
<input type="checkbox"/> Methodological <input type="checkbox"/> Technical <input type="checkbox"/> Clerical	<input type="checkbox"/> Survey evaluation problem <input type="checkbox"/> Other (explain)		
<b>Study Impact:</b> Were patient results assessed for adverse effects?  Comments:			
<b>FUTURE PREVENTATIVE MEASURES/ ACTIONS:</b> Briefly discuss how you will prevent this problem from occurring in the future.			
<b>PREPARED BY:</b>			
Name/Title	Date	Signature	
<b>FOR TECHNICAL CONSULTANT USE ONLY.</b>			
<b>TC Review:</b>	<input type="checkbox"/>	Acceptable and complete Investigation.	<input type="checkbox"/> Investigation is incomplete. See comments.
Comments:			
<b>Name/Title:</b>		<b>Date:</b>	
<b>FOR QA USE ONLY.</b>			
<b>QA Review:</b>	<input type="checkbox"/>	Acceptable and complete Investigation.	<input type="checkbox"/> Investigation is incomplete. See comments.
Comments:			
<b>Name/Title:</b>		<b>Date:</b>	

Table for supporting documents:

Attachment#	Description of attachments