LABORATORY

GENERAL INVESTIGATION CHECKLIST/FORM

| Survey Information – External Quality Assurance (EQA) - PT | | | | | | | | |
|--|-------------------------|---------|--------------------|--|------------------------|-----|----------------------------|--|
| Note: Please complete the report and submit it to the Technical Consultant or Director within 30 days. | | | | | | | | |
| Site/Laboratory Name: | | | | | EQA Provider and #: | | | |
| Survey Name: | | | | | Analyzer Name/Model: | | | |
| Date Survey Received: | | D | | | e Analysis Performed: | | | |
| Date Survey Results Submitted: | | Date | | | Evaluations Available: | | lable: | |
| Previous Survey Problems (If yes, explain): | 3 | | | | | | | |
| Investigation Performed B | y: | | | | | Dat | te: | |
| Unacceptable EQA Pane | Date of Repeat testing: | | | | | | | |
| Specimen Number | | Analyte | Reported Result | | Repeated Result | | Intended Result/Peer Group | |
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| ROOT CAUSE ANALYSIS | | | | | | |
|---|-----|----|-----|--|--|--|
| Pre-Analytical errors: | YES | NO | N/A | | | |
| Were proficiency testing materials received in the laboratory without delay? Please describe any delivery issues. Comments: | | | | | | |
| 2. Were specimens shipped and stored appropriately according to temperature requirements? Comments: | | | | | | |
| 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: | | | | | | |
| 4. Did you prepare/reconstitute/dilute-EQA specimens as indicated by the kit instructions? Comments: | | | | | | |
| 5. If there were special instructions provided in the kit, were they followed? (Can be indicated by this symbol ①) Comments: | | | | | | |
| 6. Were the correct tests performed on the correct specimen(s)? Comments: | | | | | | |
| 7. Was routine maintenance of instruments/equipment performed as scheduled (daily, weekly, monthly, etc.)? Comments: | | | | | | |
| 8. Did you check lot numbers and storage conditions of kits, reagents, and materials used to perform testing on samples? Comments: | | | | | | |
| 9. Were all expiration dates verified before sample testing (Controls, reagents, etc.)? Comments: | | | | | | |

| ANALYTICAL ERRORS: | YES | NO | N/A |
|--|------------------|---------|-------|
| 1. Did you review the current and past EQA event for bias, shifts and trends? If present, were investigations performed and what were the outcomes? Comments: | | | |
| Did you evaluate the instrument/method for any problems prior to or after the EQA event? Describe any problems identified. Comments: | | | |
| 3. Was the calibration at the time of the EQA event reviewed for acceptability? If not acceptable, comment: | | | |
| 4. How do you establish your Quality Control (QC) mean and ranges? ☐ Lab established ☐ Use manufacturer's Comments: | ☐ Not applicable | | |
| 5. Were all QC levels for this analyte within acceptable range(s) on the day the survey was run? Comments: | | | |
| 6. Are Westgard QC rules used? If so which ones? Comments: | | | |
| 7. Were QC/Levy Jennings charts reviewed for any trends, shifts and/or bias? Comments: | | | |
| 8. Does your laboratory track precision by monitoring Coefficient of Variation (CV) for this analyte? | | | |
| If yes, was your CV acceptable at the time of the survey? Comments: | | | |
| 9. If manual calculation was performed for this analyte was it checked for accuracy? (dilutions, formula) Comments: | | | |
| 10. Are questionable results reviewed by supervisor/director before reporting? Comments: | | | |
| 11. Was the instrument or reagent manufacturer contacted? Comments: | | | |
| POST ANALYTICAL ERRORS: | YES | NO | N/A |
| Were the results correctly transcribed from the instrument print-out/ worksheets to the EQA Result Form? Comments: | | | |
| 2. Did you verify that the electronic results submitted matched the EQA result form (i.e. was the provider website checked for accuracy of results submitted?) Comments: | | | |
| Were the correct instrument/method/reagent codes submitted to the EQA provider? Comments: | | | |
| 4. Were the correct units reported? Comments: | | | |
| 5. Were results reported to the correct decimal place? Comments: | | | |
| 6. Were your results graded in the appropriate peer group? Comments: | | | |
| 7. Did you select the correct result code for photographic images and/or microscopic examinations? Comments: | | | |
| INVESTIGATIVE ACTIONS AND ROOT CAUSE : Briefly discuss what actions were taken in this investigative is the primary cause of this EQA problem. | stigation | and wha | t you |
| Was Personnel training/competency reviewed? Staff education or re-training conducted, as approcessing training conducted. | opriate? | | |

| Type of Error: | | | | | |
|--|----------------------------------|---|--|--|--|
| Methodological Technical | Survey ev | valuation problem plain) | | | |
| Clerical | | , | | | |
| Study Impact: Were patient results assessed for adve | erse effects? | | | | |
| Comments: | | | | | |
| FUTURE PREVENTATIVE MEASURES/future. | ACTIONS: Briefly discuss how you | will prevent this problem from occurring in the | | | |
| PREPARED BY: | | | | | |
| Name/Title | Date | Signature | | | |
| FOR TECHNICAL CONSULTANT USE ONLY. | | | | | |
| | ble and complete Investigation. | Investigation is incomplete. See comments. | | | |
| Comments: | | | | | |
| Name/Title: | | Date: | | | |
| | | | | | |
| | | | | | |
| FOR QA USE ONLY. | | | | | |
| _ | ole and complete Investigation. | Investigation is incomplete. See comments. | | | |
| Comments: | | | | | |
| Name/Title: Date: | | | | | |
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| Table for supporting documents: | | | | | |
| Attachment# | Description of att | achments | | | |
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