Proficiency Testing Corrective Action Checklist

Testing Event/Year: ______________ Analyte: _________________ Sample #: ________________

Date Sample Tested: ____________________ Performed by: ________________________

Report Date:	Reported Result:	Expected Result:	Expected Range:

Does this represent unsatisfactory performance of this analyte in 2 of 3 consecutive testing events?
Yes ☐ **No** ☐

Specimen Handling		
Were specimens received in an acceptable condition?	Yes ☐	No ☐
Were specimens stored according to the instructions on the result forms?	Yes ☐	No ☐
Were the samples hemolyzed?	Yes ☐	No ☐
Were samples tested within the time allowed for sample stability?	Yes ☐	No ☐
If applicable, were the samples reconstituted correctly?	Yes ☐	No ☐
Notes:		

Clerical Errors		
Were the results transcribed onto the worksheets correctly?	Yes ☐	No ☐
Were the results recorded on the correct worksheet?	Yes ☐	No ☐
Was the correct instrument/reagent/kit selected?	Yes ☐	No ☐
Were the results recorded in the correct units?	Yes ☐	No ☐
Were the results on your evaluation the same as the results you reported?	Yes ☐	No ☐
Notes:		

Quality Control		
Were controls in range on the date the proficiency samples were tested?	Yes ☐	No ☐
Is there any indication of trending or shifting of the control results?	Yes ☐	No ☐
Notes:		

Calibration		
Were there any problems with the most recent calibration?	Yes ☐	No ☐
When was the last calibration performed?	________	________
How often is a calibration performed?	________	________
When was the last calibration verification performed?	________	________
Notes:		

Instrument		
Were instrument problems noted the day the samples were tested?	Yes ☐	No ☐
Has there been any recent maintenance on the analyzer?	Yes ☐	No ☐
Have you contacted your analyzer manufacturer for assistance?	Yes ☐	No ☐
Notes:		

Reagents		
Were the reagents stored properly?	Yes ☐	No ☐
Were the reagents expired or was the open vial stability exceeded?	Yes ☐	No ☐
Have there been any changes in the reagent manufacturer or formulation?	Yes ☐	No ☐
Notes: ______		

Culture		
Was the media stored according to the manufacturer's instruction?	Yes ☐	No ☐
Was the media expired?	Yes ☐	No ☐
Was the appropriate QC performed on the media?	Yes ☐	No ☐
Was the incubator temperature/gas/humidity within acceptable limits?	Yes ☐	No ☐
If applicable, have you contacted your kit manufacturer for assistance?	Yes ☐	No ☐
Notes: ______		

Testing Personnel		
Date of last competency assessment for person performing test	______	______
Reviewed assay procedure and PT test sample preparation with personnel to instructions were followed	Yes ☐	No ☐
Reviewed with personnel how samples were loaded to rule out misidentification or transposition of samples	Yes ☐	No ☐
Notes: ______		

Findings: ______

Could patient results have been affected? Yes ☐ No ☐ If so, explain course of action: ______

Corrective Action: ______

Person Performing Investigation: ______ Date: ______

Lab Director: ______ Date: ______