Proficiency Testing Corrective Action

Corrective Action Checklist

PT Event_____ Analyte_____ Initials_____ Date_____

1.	**SPECIMEN HANDLING**		
a.	Were proficiency test specimens checked for acceptability when received? (Review PT Performance Checklist)	☐ Yes	☐ No
b.	Were the specimens handled properly? (Review instructions for specimen preparation.)	☐ Yes	☐ No
2.	**CLERICAL ERRORS**		
a.	Verify correct value was transcribed from instrument printout to report form, or that the correct response was entered from the worksheet.	☐ Yes	☐ No
b.	Verify that decimal point and units of measure were correct on report form.	☐ Yes	☐ No
c.	Verify that the correct code from the instrument or reagent list was entered on report form.	☐ Yes	☐ No
3.	**QUALITY CONTROL**		
a.	Were controls in range on date of PT?	☐ Yes	☐ No
b.	Any evidence of trending, shifting in periods just before and just after PT?	☐ Yes	☐ No
4.	**CALIBRATION**		
a.	Date of last calibration	_____	
b.	How often is calibration performed?	_____	
c.	When was calibration verification performed?	_____	
d.	Were any calibration problems noted?	☐ Yes	☐ No
5.	**INSTRUMENT**		
a.	Were instrument parameters entered correctly?	☐ Yes	☐ No
b.	Was daily maintenance performed on the date of proficiency testing?	☐ Yes	☐ No
c.	Was special maintenance performed just prior to proficiency testing?	☐ Yes	☐ No
d.	Were instrument problems noted when proficiency testing was performed?	☐ Yes	☐ No
6.	**REAGENTS**		
a.	Checked reagent/instrument log for notation of recent problems.	☐ Yes	☐ No
b.	Checked reconstitution instructions in insert versus procedure – any changes?	☐ Yes	☐ No
c.	Verified that open stability of reagent was not exceeded by reviewing procedure with testing personnel.	☐ Yes	☐ No
7.	**TESTING PERSONNEL**		
a.	Date of last competency assessment for testing personnel	_____	
b.	Reviewed assay procedure and proficiency test sample preparation instructions with testing personnel to ensure that instructions were followed.	☐ Yes	☐ No
c.	Reviewed with testing personnel how samples were loaded to rule out misidentification or transposition of samples.	☐ Yes	☐ No
8.	**PROCEDURE**		
a.	Reviewed procedure versus manufacturer's most current recommendations for any changes.	☐ Yes	☐ No
b.	Called instrument or reagent manufacturer for input if cause was not readily identified.	☐ Yes	☐ No
9.	**INTERPRETATION ERRORS**		
a.	Was PT challenge beyond the scope and extent of the testing routinely performed in your lab?	☐ Yes	☐ No
b.	Has summary report been reviewed for an explanation of key features of the element presented in the photomicrographs?	☐ Yes	☐ No
c.	Have textbook references been consulted for additional information?	☐ Yes	☐ No
d.	(Microbiology) Compare the test characteristics found in your laboratory with the characteristics of the correct identification. Review your results and procedures for the key features to distinguish the correct identification from the incorrect identification.	☐ Yes	☐ No

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Testing Event Q _____ YR_____ Specimen No._____ Analyte_____
_____

Test Date _____ Report Date _____

Reported Result _____ Expected Results _____ Expected Range _____

Does this failure represent unsatisfactory performance for this analyte, specialty or subspecialty in two out of three consecutive testing events? ☐ Yes ☐ No

INVESTIGATION

Indicate which areas were investigated. (See Corrective Action Checklist for details.)

1. Specimen Handling	☐ Yes	☐ No	☐ N/A
2. Clerical Errors	☐ Yes	☐ No	☐ N/A
3. Quality Control	☐ Yes	☐ No	☐ N/A
4. Calibration	☐ Yes	☐ No	☐ N/A
5. Instrument	☐ Yes	☐ No	☐ N/A
6. Reagents	☐ Yes	☐ No	☐ N/A
7. Testing Personnel	☐ Yes	☐ No	☐ N/A
8. Procedure	☐ Yes	☐ No	☐ N/A
9. Interpretation Errors	☐ Yes	☐ No	☐ N/A

FINDINGS

_____
_____
_____
_____

CORRECTIVE ACTION

_____
_____
_____
_____

COULD THIS PROBLEM AFFECT PATIENT RESULTS? ☐ Yes ☐ No
If yes, state course of action

_____
_____
_____
_____

Investigated by _____ Date _____
Title _____