

## Proficiency Testing Performance Checklist

PT Event \_\_\_\_\_ Proficiency Testing Provider \_\_\_\_\_

PT Kit Received: Tech \_\_\_\_\_ Date: \_\_\_\_\_

Result Submission Deadline: \_\_\_\_\_

**Handling:** Tech \_\_\_\_\_ Date: \_\_\_\_\_

Was the kit cold when it arrived? \_\_\_\_\_

Was the kit damaged when it arrived? \_\_\_\_\_

Was the kit complete when it arrived? \_\_\_\_\_

Were the storage requirements followed for each specimen? \_\_\_\_\_

Refrigerate: (ID numbers)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Room Temp: (ID numbers)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Preparation:** Tech: \_\_\_\_\_ Date: \_\_\_\_\_

If applicable, were the reconstitution instructions on the kit information sheet followed? \_\_\_\_\_

Was a volumetric Class A pipette used? \_\_\_\_\_

Was the diluent used either provided by the PT program or of reagent grade quality? \_\_\_\_\_

Was the allotted time after reconstitution followed prior to specimen testing? \_\_\_\_\_

Was the sample properly mixed before testing, according to instructions? \_\_\_\_\_

**Examination:** Tech: \_\_\_\_\_ Date: \_\_\_\_\_

Were the samples tested according to the requirements and following your written laboratory procedure and policy? (i.e. repeat testing protocol, use of reference materials) \_\_\_\_\_

Was the testing performed on-site only? \_\_\_\_\_

Is all staff that perform non-waived patient testing included each year in PT sample testing? \_\_\_\_\_

Was there any communication with any other laboratory regarding the PT sample results? \_\_\_\_\_

**Result Reporting:** Tech: \_\_\_\_\_ Date: \_\_\_\_\_

Were all the instrument and method codes accurately selected from the master list and documented on the test result form? \_\_\_\_\_

Were all test results documented on the test result form? \_\_\_\_\_

Was the test result form checked for clerical errors before submitting? \_\_\_\_\_

Did all persons participating in the testing process and the Laboratory Director sign the attestation form? \_\_\_\_\_

Was a copy of the test result form, including the attestation statement, retained prior to submitting the results? \_\_\_\_\_

Date results were submitted to PT provider: \_\_\_\_\_

Were all retainable samples properly stored until scores are received? \_\_\_\_\_

Date Scores Received: \_\_\_\_\_

Date Scores Reviewed: \_\_\_\_\_

Reviewed by Technical Supervisor/Consultant: \_\_\_\_\_

Reviewed by Laboratory Director: \_\_\_\_\_

Were there any unacceptable results? \_\_\_\_\_

If "yes," complete Proficiency Testing Corrective Action Report

File this form with the proficiency testing evaluation report, copies of the testing results form, and copies of instrument printouts, logs, and all test records. Records must be retained for a minimum of two years.