

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.