

QUALITY ASSESSMENT PLAN
NORTHWEST PRIMARY CARE

Proficiency Testing

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 sample properly mixed before testing, according to instructions? _____

Processing: Tech _____ Date _____
Was the sample tested within the allowable time? _____
Was the sample incorporated into the normal laboratory workload and tested as a routine patient specimen? _____

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? _____
Are all staff who perform 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 the instruments 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 or designee sign the attestation statement? _____
Was a photocopy of the test result form, including the attestation statement, retained prior to mailing the result form? _____
Date result form mailed, faxed, or submitted online 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, photocopy of the testing result form, and copies of instrument printouts, logs, and all test records. Records must be retained for a minimum of two years.