

QUALITY ASSESSMENT PLAN  
NORTHWEST PRIMARY CARE

**Proficiency Testing Performance Checklist**

PT Event: \_\_\_\_\_ PT Testing Provider: \_\_\_\_\_

Date PT Kit Received: \_\_\_\_\_ by Tech: \_\_\_\_\_ Date of Submission Deadline: \_\_\_\_\_

| Handling  | Tech: | Date:  |
|---|-------|--|
| Was the kit cold when it arrived?   |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was the kit damaged when it arrived?  |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was the kit complete when it arrived?   |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Were the storage requirements followed for each specimen?   |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ID numbers: _____<br>_____  |       |  |
| Notes: _____  |       |  |
| Preparation   | Tech: | Date:  |
| Were reconstitution instructions on kit information followed?   |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was a volumetric Class A pipette used?  |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was diluent used provided by PT Program or of reagent grade quality?  |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was allotted time after reconstitution followed prior to testing?   |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was the sample properly mixed before testing, according to instructions?  |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Notes: _____  |       |  |
| Examination   | Tech: | Date:  |
| Samples tested according to written requirements?   |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Samples tested according to this laboratory's procedure and policy?   |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was the testing performed on-site only?   |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are all staff that perform non-waived testing included in each PT event?  |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was there any communication with other laboratories about PT results?   |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Notes: _____  |       |  |
| Result Reporting  | Tech: | Date:  |
| Were all instrument and method codes accurately selected from the master list and documented on the test result form? |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Were all results documented on the test result form?  |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was the test result form checked for clerical errors before submitting?   |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Did all persons participating in the testing process, and lab director, sign the attestation form?                    |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was the original test result form, including the attestation statement, retained prior to submitting results?         |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Date results were submitted to PT Provider: _____   |       |  |
| Were all retainable samples properly stored until scores are received?  |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Notes: _____  |       |  |

Date Scores Received: \_\_\_\_\_ Date Scores Reviewed: \_\_\_\_\_ By: \_\_\_\_\_

Reviewed by Lab Director: \_\_\_\_\_

Any unacceptable results? Yes  No  If yes, see **Proficiency Testing Corrective Action Report**