



Corrective Action Form

Laboratory Name: _____ CLIA #: _____

Testing Event: _____ Year: _____

Proficiency Testing Module: _____ Analyte: _____

Date PT Sample Rcvd: ____ / ____ / ____ Test Date: ____ / ____ / ____ Report Date: ____ / ____ / ____

Sample #: _____ Reported Result: _____ Expected Result/Range: _____

Repeat Analysis Result (if applicable): _____

Sample #: _____ Reported Result: _____ Expected Result/Range: _____

Repeat Analysis Result (if applicable): _____

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Repeat Analysis Result (if applicable): _____

Sample #: _____ Reported Result: _____ Expected Result/Range: _____

Repeat Analysis Result (if applicable): _____

Sample #: _____ Reported Result: _____ Expected Result/Range: _____

Repeat Analysis Result (if applicable): _____

1. Does this failure represent **unsatisfactory** performance for this analyte, specialty, or subspecialty? Yes No

2. Does this failure represent **unsuccessful** performance for this analyte, specialty, or subspecialty? Yes No
(Unsatisfactory performance for two events in a row or two out of three consecutive testing events)

PT Failure Classification: Clerical Error Failure to Submit Equipment Error
 Lack of Consensus Specimen Handling Quality Control
 Training/Competency Sample Error Other

Findings:

Corrective Action:

Did this Error Affect Patient Health? Yes No If yes, state course of action:

Investigated by: _____ Date: ____ / ____ / ____

Laboratory Director: _____ Date: ____ / ____ / ____

Completed Investigation Checklists and Corrective Action Forms do not need to be sent to AAFP-PT. Keep all documentation with your records. This form is designed to offer assistance in investigation and troubleshooting PT failures. It is the laboratory's responsibility to effectively troubleshoot and resolve all PT failures. Completion of this form does not guarantee future successful performances with proficiency testing.