

This form is provided as a reference tool to investigate the possible causes of unsatisfactory proficiency testing results. Not all errors can be identified with one particular tool. Laboratories should consider the unique factors for each test system and expand its investigation when indicated. Complete the Proficiency Testing Corrective Action Form and attach to this checklist along with all records reviewed and other related documentation.

1. General

- a. Did more than one challenge in this event fail? Yes No NA
- b. Did more than one analyte fail? Yes No NA
- c. Are there previous trends/unsatisfactory results for this test? Yes No NA
- d. Do the SDIs show a bias in the current event? Yes No NA
- e. Was there low consensus for the analyte? Yes No NA
- f. Provide the scores for the failed analytes from the three prior events (most recent first):

Year	Event	Score
20__	_____	_____
20__	_____	_____
20__	_____	_____

2. Administrative

- a. Were results submitted to AAFP-PT by the due date? Yes No NA
- b. Did you print off the Data Submission Report? Yes No NA

3. Clerical

- a. Were results transcribed correctly? Yes No NA
- b. Verify that the decimal point and units of measure are correct. Yes No NA
- c. Was the correct instrument/reagent kit in PT Central? Yes No NA
- d. Were calculations performed correctly (even if automated)? Yes No NA
- e. Do the values on Data Submission Report match the Evaluation report? Yes No NA

4. Specimen Handling

- a. Was kit refrigerated immediately upon arrival? Yes No NA
- b. Were contents of kit correct and in good condition? Yes No NA
- c. Were specimen handling instructions followed? Yes No NA
- d. Was testing performed within seven to 10 days of receipt? Yes No NA
- e. Was sample at room temperature when tested? Yes No NA
- f. Was sample mixed well before testing? Yes No NA
- g. Was sample diluted properly, if required? Yes No NA

5. Quality Control

- a. Were quality control materials within the acceptable range on the date of PT testing? Yes No NA
- b. Were there unacceptable QC during the month previous to the day of testing? Yes No NA
- c. Were there unacceptable QC during the month following the day of testing? Yes No NA
- d. Any evidence of trends or shifts in the periods just before and just after PT was tested? Yes No NA
- e. Does QC demonstrate an even distribution (above/below) the mean? Yes No NA

6. Calibration

- a. Does the instrument require calibrations and/or calibration verifications? Yes No NA
 - i. Was calibration or calibration verification performed when it was due? Yes No NA
 - ii. When was the last calibration performed? _____ / _____ / _____
 - iii. When was the last calibration verification performed? _____ / _____ / _____
 - iv. Were any calibration problems noted? Yes No NA

7. Instrument

- a. Was daily maintenance performed on the date of PT testing? Yes No NA
- b. Was special maintenance (ex: annual PM) performed just prior to PT testing? Yes No NA
- c. Were instrument problems noted when PT was performed? Yes No NA
- d. Were results within reported linearity for instrument? Yes No NA
- e. Does the sample demonstrate a “matrix effect”? Yes No NA
- f. Have you contacted your instrument manufacturer for assistance? Yes No NA

8. Reagents/Kit

- a. Were new reagents or calibrators recently introduced at or near the time PT was performed? Yes No NA
- b. Are reagents/kit within expiration dates? Yes No NA
- c. Verify that open stability of reagents/kits was not exceeded. Yes No NA
- d. Were reagents/kit components reconstituted properly according to manufacturer package insert? Yes No NA
- e. Were kit components substituted from other kits? Yes No NA
- f. Was reagent/kit log checked for notation of any recent problems? Yes No NA
- g. Has there been changes in manufacturer formulary of reagents/kit? Yes No NA
- h. Were procedure versus manufacturer’s most current package insert reviewed for any changes or updates? Yes No NA

9. Testing Personnel

- a. Date of last competency assessment for testing personnel. _____ / _____ / _____
- b. Were assay procedure and proficiency sample preparation instructions reviewed to ensure instructions were followed? Yes No NA
- c. Did you review with testing personnel how samples were loaded to rule out misidentification or transposition of samples? Yes No NA
- d. Was retraining of testing personnel required and if so is this completed? Yes No NA

10. Repeat Testing

- a. Repeat testing result: _____
- b. Is result now acceptable? Yes No NA

11. Microbiology specific

- a. Was QC acceptable for
- i. The media used? Yes No NA
 - ii. The identification system? Yes No NA
 - iii. Other biochemical testing? Yes No NA
 - iv. Susceptibility testing? Yes No NA
 - v. Stains used? Yes No NA
- b. Was the correct culture media selected for inoculation? Yes No NA
- c. Were the growth conditions acceptable (temp, CO₂, humidity)? Yes No NA
- d. Were the cultures mixed? Yes No NA
- e. Were adequate isolation techniques used by the personnel? Yes No NA
- f. Was the McFarland standard acceptable? Yes No NA
- g. Did the organism demonstrate a typical biochemical reaction pattern? Yes No NA
- h. Were purity plates OK? Yes No NA
- i. Did the lyophilized organism demonstrate typical characteristics? Yes No NA

Additional Notes
