NAME OF LABORATORY GOES HERE

Quality Assurance
Review Form

Review: PROFICIENCY TESTING

Reviewer: D. LEIGHTON, CLB

Month of Review: August **Review Period: 2018 Year to Date**

Method of Review: Review PT Schedule, Submission documents, all PT information received, all data reported and split sample analysis, PT Scoring from PT Provider, and corrective actions made for all scores <100%, as well as self-grading of any 'ungraded' challenges.

Standards:

1. All analytes enrolled in PT program / split samples.	☐ Met	☐ Not Met
2. P&P evaluated & effective in preventing PT clerical / other errors.	☐ Met	☐ Not Met
3. PT CA's completed & discussed w/staff to reduce future errors	☐ Met	☐ Not Met
4. If applicable, lab followed re-instatement policy	☐ Met	☐ Not Met
5. Remind staff of NO inter-lab PT communications	☐ Met	☐ Not Met
6. Attestations signed by Director or Designee	☐ Met	☐ Not Met
7. All Documentation re PT testing complete and organized	☐ Met	☐ Not Met
8. Graded reports discussed and signed by Testing Personnel	☐ Met	☐ Not Met
9. All PT Testing records maintained in lab and retrievable for 3 years	☐ Met	☐ Not Met
(above includes instrument tapes, testing logs, and worksheets)	☐ Met	☐ Not Met

Conclusion:

Reset

Reviewed by:

Laboratory Staff: **Date:**

Technical Consultant/Supervisor: D. Leighton, CLB **Date:**

Director: **Date:**