

## **Proficiency Test Corrective Action Form**

Testing Event:		Year:		
Analyte:		<del>-</del>		
PT Sample Received Date:	Test Date:	Report Date:		
Sample #:	Reported Results:	_ Expected Results:		
Sample #:	Reported Results:	_ Expected Results:		
Sample #:	Reported Results:	_ Expected Results:		
Sample #:	Reported Results:	_ Expected Results:		
Sample #:	Reported Results:	_ Expected Results:		
<ol> <li>Does this failure represent unsatisfactory performance for this analyte?</li> <li>Does this failure represent unsuccessful performance for this analyte?</li> <li>Y / N</li> <li>Unsatisfactory PT performance occurs when there is a failure in one (1) event; Unsuccessful PT performance occurs when there are two (2) consecutive failures or two (2) of three (3) failures</li> </ol>				
3. Provide a brief description of the problem below.				

PT Corrective Action Form Revision Date: March 24, 2014 4. Complete investigation of root cause and corrective/prevention actions below.

Investigation of Root Cause (attach additional information as necessary)		
COULD THIS ERROR AFFECT PATIENT RESULTS?	Y/N	If yes, state course of action below.
Corrective/Preventive Action (attached additional info	ormati	on as necessary)
Investigated by:		Date:
Supervisor:		Date:
Laboratory Director:		Date:

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