



Proficiency Test Corrective Action Form

Testing Event: _____ Year: _____

Analyte: _____

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: _____

1. Does this failure represent unsatisfactory performance for this analyte? Y / N
2. Does this failure represent unsuccessful performance for this analyte? Y / N

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

3. Provide a brief description of the problem below.

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 information as necessary)

Investigated by: _____ **Date:** _____

Supervisor: _____ **Date:** _____

Laboratory Director: _____ **Date:** _____

5. Management Review (Completed by Laboratory Director or Designee)

Timeframe to Monitor CAR, as applicable:	
Management Review Date:	Signature:
Management Review Notes:	