

## **Proficiency Test Corrective Action Form**

T Sample Received Date: Test Date: Report Date:  ample #: Reported Results: Expected Results:  Does this failure represent unsatisfactory performance for this analyte? Y/N  Unsatisfactory PT performance occurs when there is a failure in one (1) event; Unsuccessful PT	, , , , , , , , , , , , , , , , , , , ,	Testing Event:		Year:
ample #:	Reported Results:	Analyte:		
ample #: Reported Results: Expected Results: ample #: Reported Results: Expected Results: Expected Results: ample #: Reported Results: Expected Results: Expected Results: Expected Results: Price Results: Expected Results	Reported Results: Expected Results:	PT Sample Received Date:	Test Date:	Report Date:
ample #: Reported Results: Expected Results: ample #: Reported Results: Expected Results: ample #: Reported Results: Expected Results:  Reported Results: Expected Results:  Does this failure represent unsatisfactory performance for this analyte? Y/N  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	Reported Results: Expected Result	Sample #:	Reported Results:	Expected Results:
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<ul> <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</li> </ul>	Does this failure represent unsatisfactory performance for this analyte?  Y / N  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  Provide a brief description of the problem below.	Sample #:	Reported Results:	Expected Results:
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. Provide a brief description of the problem below.		performance occurs when	there are two (2) consecutive fa	

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 inf		ion as necessary)
Corrective/Preventive Action (attached additional in	Offilati	on as necessary)
Investigated by:		Date:
Supervisor:		
Laboratory Director:		

PT Corrective Action Form Revision Date: September 2015

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

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