**Attestation of Understanding for Proficiency Testing**

**Harborview Transfusion Services Laboratory Clinical Technology Staff**

**TSL Policy # 1801:** All Proficiency Testing samples will be integrated into the laboratory’s normal workflow on any shift. Inter-laboratory communication about proficiency testing samples and referral of proficiency testing specimens to another laboratory is prohibited.

**CAP Attestation Statement:** We, the undersigned, recognizing that some special handling may be required due to the nature of Proficiency Testing (PT) materials, have as closely as is practical, performed the analyses on these specimens in the same manner as regular patient specimens. We confirm that results were not shared or PT specimens referred or tested outside our CLIA identification number.

**Email to testers:** Every effort must be made to handle these samples as patient samples for testing would be handled and processed. Do not discuss your test findings or resulting with other technologists. If you have questions, direct them to the Proficiency Testing Coordinator (PTC). Results must not be shared with other technologists at this or any other facility.

Until *final graded results* have been received from CAP, this means:

* No discussing with coworkers
* No discussing with non-coworkers
* All questions are to be directed to the proficiency testing coordinator (PTC), PTC designee, or TSL manager
* No photocopying of CAP related documents
* No removing any CAP related documents or samples outside of the laboratory

I understand and will comply:

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_