**UI HEALTHCARE CLINIC LABORATORIES**

**DOCUMENTATION OF**

**PROFICIENCY TESTING AND RESULT HANDLING**

To document the handling of all proficiency testing challenges, please answer each of the questions below by filling in the blanks or checking the appropriate answer. If “other” is checked, please provide an explanation. File this sheet with the paperwork for the challenge.

**Name of challenge**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date received**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time received**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Who** received the proficiency samples? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Did the samples arrive in **acceptable condition**? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is no was the proficiency testing company called for a replacement?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If not, please explain why not: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. How were the samples **stored** before they were analyzed?

 \_\_\_\_\_ at room temperature \_\_\_\_\_ in the refrigerator \_\_\_\_\_ in the freezer

 \_\_\_\_\_ Other Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. When were the samples analyzed. Date: \_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Did you bring the samples to room temperature and mix thoroughly prior to analyzing them?\_\_\_\_\_ Yes \_\_\_\_\_\_No

6. Did the testing personnel who analyzed the samples sign the attestation form?

 \_\_\_\_\_ Yes \_\_\_\_\_ No

1. How did you send the results back to the proficiency testing program?

\_\_\_\_\_\_ Electronically \_\_\_\_\_\_Faxed

If faxed, was a confirmation of receipt obtained? \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_ No

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