Title: POCT Proficiency Testing Evaluation Worksheet

Survey: ___________ Kit #: ________ Year: ________ Received: ________

Review: Complete this section, according to policy. If no investigation is needed sign and date according to your labs procedure at the end of the review section.

☐ Evaluate SDI for all events/challenges/analytes. If applicable
☐ Evaluate graphs for patterns or trends. If applicable
☐ All analytes 100%

☐ Un-graded- self evaluation completed
☐ Challenge/Analyte(s) with less than 10 labs reporting
   Note: Alternate assessment must be performed. Alternate not required for educational challenges with less than 10 labs.
☐ Passing score, less than 100%
   Complete investigation section
☐ Unsuccessful score
   Complete investigation section

Initial review signature of Director if <100%:

_________________________________ Date: __________

☐ Pending investigation

Reviewed by: (per lab procedure)

POCT Site Coordinator: ___________________________ Date: __________

POCT Site Director: ___________________________ Date: __________

Director: (Required): ___________________________ Date: __________

Investigation: Complete this section if investigation is required.

Analysis Date: ________________ Instrument/Method: ________________________

☐ Unacceptable results/problem noted on review: Challenge/Analyte(s): __________

   Describe:

☐ Problems with previous survey, last 12 mos. Challenge/Analyte(s): __________

   Describe:
Investigate and attach supporting documentation and additional information as appropriate:

Assessment:

- Repeat analysis
- Calibration/Cal Ver
- Quality control
- Maintenance/Temp Logs
- Correlation data
- Vendor/Tech support
- Clerical error
- Random Error
- Reagent/Instrument Failure
- Technique/deviation from SOP
- Other

Summary: *(Include clinical implications)*

Corrective Action:

Reviewed by: *(per lab procedure)*

POCT Site Coordinator: _______________________________ Date: ___________

POCT Site Director: _______________________________ Date: ___________

POCT Coordinator: _______________________________ Date: ___________

Associate Director: _______________________________ Date: ___________

Director: *(Required): _______________________________ Date: ___________

Title (with LTR): POCT Proficiency Testing Evaluation Worksheet (LTR40288)
Last Approved: Gregory, Kimberly (Electronic Signature Timestamp: 5/17/2017 2:51:55 PM)