PROFICIENCY TRACKING FORM

Survey: _____ PT Provider: _____

Shipment date_____ Date received _____

Type of sample: ☐ whole blood ☐ serum ☐ other_____

Condition of sample:

Sample	Satisfactory	If **unsatisfactory**, please explain

If reconstitution required, record:

Date_____ Diluent_____ Amount_____ Initials _____

Date specimens tested: _____

Samples handled, processed, and tested in same manner as routine tests? _____
(attestation statement signed?)

Results recorded on PT report forms by *(initials)* _____

Results on PT report form reviewed & checked by *(initials)* _____

Copy of PT report made (retain copy at facility) _____

PT report sent to PT Program/Regulatory Agency: *(date & initials)* _____

Method: Entered on website, fax, e-mail, *(circle)*

Review of results from PT Program:

Date received in lab _____

Date reviewed by general supervisor _____

Any missed analytes? (if yes, complete Missed PT Analyte Report) _____

Reviewed/completed PT evaluation report filed in lab records *(date & initials)* _____