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| --- | --- |
| **Proficiency Test Info**  To be completed by assigning party before test is issued | **Proficiency Test Information** |
| |  |  | | --- | --- | | **Provider name:** | Choose an item. | | **Test identifier:** | Click or tap here to enter text. | | **Unique identifier for participant:** | Click or tap here to enter text. | | **Test type:** | Choose an item. | | **Date due to provider:** | Click or tap here to enter text. | |
| **Pre-Completion Dates** |
| |  |  | | --- | --- | | **Test received:** | Click or tap here to enter text. | | **Test assigned to participant:** | Click or tap here to enter text. | | **Due to Quality Assurance Manager:** | Click or tap here to enter text. | | **Lab number assigned:** | Click or tap here to enter text. | |
| **Proficiency Test Summary**  To be completed by evaluating party after results issued by provider | **Post-Completion Dates** |
| |  |  | | --- | --- | | **Test completed by participant:** | Click or tap here to enter text. | | **Results submitted to provider:** | Click or tap here to enter text. | |
| **Review of Results** |
| |  |  | | --- | --- | |  | Participant results are consistent with manufacturer’s information and with consensus | |  | Participant results are consistent with manufacturer’s information but not consensus | |  | Participant results are consistent with consensus but not manufacturer’s information | |  | Participant results are not consistent with manufacturer’s information nor consensus | |
| **Evaluation** |
| |  |  | | --- | --- | |  | Satisfactory | |  | Satisfactory with comments | |  | Not satisfactory | |
| **Comments to Participant** |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Reviewed by:** |  |
| **Title of reviewer:** |  |
| **Date reviewed:** |  |
| **Date reviewed with Participant:** |  |
| **Participant acknowledgement of above information:** |  |