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| --- | --- |
| **Proficiency Test Info**To be completed by assigning party before test is issued | **Proficiency Test Information** |
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|  |  |
| --- | --- |
| **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** |
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| --- | --- |
| **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. |

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| **Proficiency Test Summary**To be completed by evaluating party after results issued by provider | **Post-Completion Dates** |
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| --- | --- |
| **Test completed by participant:** | Click or tap here to enter text. |
| **Results submitted to provider:** | Click or tap here to enter text. |

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| **Review of Results** |
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| --- |
|[ ]  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** |
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| --- |
|[ ]  Satisfactory |
|[ ]  Satisfactory with comments |
|[ ]  Not satisfactory |

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| **Comments to Participant** |
| Click or tap here to enter text. |

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