



Proficiency Testing (PT)

ı	To be completed by SRL					
1	Name of the State	Uttar Pradesh		* All the fields are mandatory		
2	Name of District	VARANASI		*		
3	Name of linked SRL	IMS, BHU, Varanasi, Uttar Prades		*		
4	Email Address	ranjitsinghvaranasi@gmail.com		*		
5	Name of the ICTC	SSPG DIVISIONAL DISTRICT HO:		*		
6	SIMS Code / ID	0900436		*		
7	Round	First	*	Year	2020-21	*
II	Proficiency Testing Samples					_
1	RCA/CA done for discordant samples for last round	No		Root Cause Analysis (RCA), Corrective Action (C.	(A)	
2	Sample received Date	2020/11/24		Sample tested Date	2020/11/26	
				Filled by S	SRL	
3	Member-A, result	Positive		Concordant/Discordant	Concordant	
4	Member-B, result	Positive		Concordant/Discordant	Concordant	
5	Member-C, result	Negative		Concordant/Discordant	Concordant	
6	Member-D, result	Negative		Concordant/Discordant	Concordant	
7	Remarks by ICTC	no				
8	Date & time of data submitted by ICTC	27-11-2020 11:51:49 AM		PT Final Result	Satisfactory	
9	Remarks by SRL	100 % CONCORDANCE				
10	Date & time of data submitted by SRL	15-12-2020 01:31:57 PM				



Please cross check all details before submitting