



Proficiency Testing (PT)

To be completed by SRL


Name of the State * All the fields are mandatory
Name of District *
Name of Linked SRL *
Email Address *
Name of the ICTC *
SIMS Code / ID *
Round * Year *

Proficiency Testing Samples

RCA/CA done for discordant samples for last round Root Cause Analysis (RCA), Corrective Action (CA)
Sample received Date Sample tested Date
Reviewed by SRL
Panel member 1--> result--> SRL review result-->
Panel member 2--> result--> SRL review result-->
Panel member 3--> result--> SRL review result-->
Panel member 4--> result--> SRL review result-->
Remarks by ICTC
Date & time of data submitted by ICTC PT Final Result
Remarks by SRL
Date & time of data submitted by SRL



Please cross check all details before submitting


MEDICAL OFFICER
NAMBICKAI MAIYAM-ICTC/LAG
GOVT HEAD QTRS HOSPITAL
PERIYAKULAM, THENI DISTRICT.