5/28/22, 12:38 PM NARI





## Proficiency Testing (PT)

I	To be completed by SRL					
1	Name of the Sta	te Tamil Nadu	* All the fields a	* All the fields are mandatory		
2	Name of Distr	ct COIMBATORE	*			
3	Name of linked S	RL GMC, Coimbature, Tami	a( *			
4	Email Addre	ss ictcsImhome@gmail.com	*			
5	Name of the IC	C URBAN HEALTH POST	URBAN HEALTH POST, SLN *			
6	SIMS Code /	3302569	*			
7	Rou	nd Second *		Year	2021-22	*
II	Proficiency Testing Samples					
1	RCA/CA done for discordant samples for last rou	nd No	No Root Cause Analysis (RC			
2	Sample received Da	te 2022/04/11		Sample tested Date	2022/04/20	
	Reviewed by SRL					
3	Panel member 1> C1 result-	> Negative		SRL review result>	Concordant	
4	Panel member 2> C2 result-	> Negative		SRL review result>	Concordant	
5	Panel member 3> C3 result-	> Positive		SRL review result>	Concordant	
6	Panel member 4> C4 result-	> Positive		SRL review result>	Concordant	
7	Remarks by ICTC nil					
8	Date & time of data submitted by IC	TC 19-04-2022 03:59:58 PN		PT Final Result	Satisfactory	
9	Remarks by SRL Satisfactory					
10	Date & time of data submitted by SRL 20-04-2022 12:09:51 PM					
Print						

Please cross check all details before submitting