



EQAS Details
Analyte: CBP
Month: SEPTEMBER
Date Sample Tested: 11.10.2022

SPECIMEN HANDLING		
Were specimens received in an acceptable condition?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were specimens stored according to the instructions on the result forms?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were the samples hemolyzed?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Were samples tested within the time allowed for sample stability?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If applicable, were the samples reconstituted correctly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Notes: _____

CLERICAL ERRORS		
Were the results transcribed onto the result forms correctly?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were the results transcribed from the result forms to the website correctly?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were the results recorded on the correct result form?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was the correct instrument/reagent/kit selected?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were the results recorded in the correct units?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were the results on your evaluation the same as the results you reported?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Notes: _____

QUALITY CONTROL		
Were quality control materials within the acceptable range on the date of PT testing? (Verify the quality control acceptable range in use.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there any indication of trending or shifting of the control results?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Notes: _____

CALIBRATION		
Were there any problems with the most recent calibration?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
When was the last calibration performed?	27-12-2022	
How often is a calibration performed?		
When was the last calibration verification performed?		

Notes: _____

INSTRUMENT		
Were instrument problems noted the day the samples were tested?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Has there been any recent maintenance on the analyzer?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

PREPARED & REVIEWED BY :
QUALITY MANAGER : Mr.G RAVI KUMAR

APPROVED & ISSUED BY:
LAB HEAD: Dr. A.CHAITANYA

Chaitanya A.

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TELANGANA DIAGNOSTICS

Form: TD/QSP/08-EQCAR

TITLE

EQAS CORRECTIVE ACTION FORM

Issue No. 01

Page 1 of 1

Have you contacted your analyzer manufacturer for assistance?

Yes No

Notes: _____

REAGENTS

Were the reagents stored properly?

Yes No

Were the reagents expired or was the open vial stability exceeded?

Yes No

Have there been any changes in reagent manufacturer or formulation?

Yes No

Notes: _____

TESTING PERSONNEL

Date of last competency assessment for testing personnel

Yes No

Review assay procedure and proficiency test sample preparation instructions with testing personnel to ensure that instructions were followed

Yes No

Review with testing personnel how samples were loaded to rule out misidentification or transposition of samples.

Yes No

Notes: _____

Corrective Action:

RANDOM ERROR

Person Performing Investigation:

Date: 16-11-2022

Lab Director:

Chaitanya A.

Date: _____

PREPARED & REVIEWED BY :
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INVESTIGATION SUMMARY: ROOT CAUSE

Pre-analytic Phase of Testing	Analytic Phase of Testing	Post-Analytic Phase of Testing
<input type="checkbox"/> PROBLEM WITH PT SAMPLE <input type="checkbox"/> SAMPLE PROCESSING <input type="checkbox"/> DATA ENTRY <input type="checkbox"/> OTHER (SPECIFY): _____	<input type="checkbox"/> METHODOLOGICAL PROBLEM <input type="checkbox"/> TECHNICAL PROBLEM <input type="checkbox"/> REAGENT PROBLEM <input type="checkbox"/> CALIBRATOR PROBLEM <input type="checkbox"/> OTHER (SPECIFY): <u>Random Error</u>	<input type="checkbox"/> CLERICAL ERROR <input type="checkbox"/> REPORTING PROBLEM <input type="checkbox"/> NO EXPLANATION AFTER INVESTIGATION OTHER (SPECIFY): _____

PREVENTION

Preventive action proposed

WE WILL MONITOR THE VALUES CLOSELY

Preventive action Plan

WE WILL CHECK VALUES IN THE NEXT EQAS CYCLE

Responsibility

-

Date	Testing Personnel
Date	Department Technical In charge

PREPARED & REVIEWED BY : QUALITY MANAGER : Mr.G RAVI KUMAR	APPROVED & ISSUED BY: LAB HEAD: Dr. A.CHAITANYA

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