

**TELANGANA DIAGNOSTICS**

Form: TD/QSP/08-EQCAR

TITLE

EQAS CORRECTIVE ACTION FORM

Issue No. 01

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EQAS Details	AIIMS ISHTM-EQAS
Analyte:	RBC, Hb, MCH, MCHC
Month:	October
Date Sample Tested:	06-10-2022

①

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?	NA	
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?	NA	
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?	09-07-2022	
How often is a calibration performed?	Yearly Once	
When was the last calibration verification performed?	09-07-2022	
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"/>

<b>PREPARED &amp; REVIEWED BY :</b> <b>LAB MANAGER : MAHATHI</b>	<b>APPROVED &amp; ISSUED BY:</b> <b>LAB HEAD: Dr.Pradeep Kumar</b>
<i>M. Mahathi</i>	<i>cl</i>

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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:

*Its a random error we will check the values in the next EQAS cycle*Person Performing Investigation: Dr- Pradeep kumar

Date: \_\_\_\_\_

Lab Director: Dr- Pradeep kumar

Date: \_\_\_\_\_

**PREPARED & REVIEWED BY:**  
**LAB MANAGER : MAHATHI***M. Mahathi***APPROVED & ISSUED BY:**  
**LAB HEAD: Dr.Pradeep Kumar***Dr. Pradeep Kumar***CONTROLLED COPY**



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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 checked="" type="checkbox"/> TECHNICAL PROBLEM <input type="checkbox"/> REAGENT PROBLEM <input type="checkbox"/> CALIBRATOR PROBLEM <input type="checkbox"/> OTHER (SPECIFY): _____	<input type="checkbox"/> CLERICAL ERROR <input type="checkbox"/> REPORTING PROBLEM <input type="checkbox"/> NO EXPLANATION AFTER INVESTIGATION OTHER (SPECIFY): _____

PREVENTION

Preventive action proposed

NA

Preventive action Plan

NA

Responsibility

HOD EQM

Date	Testing Personnel
Date	Department Technical In charge

PREPARED & REVIEWED BY : QUALITY MANAGER : MAHATHI	APPROVED & ISSUED BY: LAB HEAD: Dr. PRADEEP KUMAR

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