



TITLE

EQAS CORRECTIVE ACTION FORM

Issue No. 01

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EQAS Details	AIIMS Pathology
Analyte	MR, RBC, Hb, HCT, PLT
Month	October 2022
Date Sample Tested	26-10-2022

## 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 checked="" 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?		
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 checked="" type="checkbox"/>	No <input type="checkbox"/>

PREPARED & REVIEWED BY :  
QUALITY MANAGER : Dr. RanjithAPPROVED & ISSUED BY:  
LAB HEAD: Dr. Ranjith



TELANGANA DIAGNOSTICS

Form: TD/QSP/08-EQCAR

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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:

It is a Random error

Person Performing Investigation:

Narrath

Date:

26-10-2022

Lab Director:

Dr. Ranjith

Date:

26-10-2022

PREPARED & REVIEWED BY:  
QUALITY MANAGER : Dr. Ranjith

APPROVED & ISSUED BY:  
LAB HEAD: Dr. Ranjith

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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): _____	<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 closely monitor the performance of WBC, RBC, Hb, HCT, PLT parameters.

Preventive action Plan

We will monitor the performance of WBC, RBC, Hb, HCT, PLT Parameters in next cycle of EQAS.

Responsibility

Date	Testing Personnel
Date	Department Technical In charge

<b>PREPARED &amp; REVIEWED BY :</b> QUALITY MANAGER : Dr.Ranjith	<b>APPROVED &amp; ISSUED BY:</b> LAB HEAD: Dr. Ranjith