



Proficiency Testing (PT)

To be completed by SRL

Name of the State **Andhra Pradesh** * All the fields are mandatory
Name of District **KRISHNA** *
Name of linked SRL **SMC, Vijayawada, Andhra Prade:** *
Email Address **umajyothi666@gmail.com** *
Name of the ICTC **CHC VUYURU** *
SIMS Code / ID **2801651** *
Round **First** * Year **2023-24** *

Proficiency Testing Samples

RCA/CA done for discordant samples for last round **No** Root Cause Analysis (RCA), Corrective Action (CA)
Sample received Date **2023-08-01** Sample tested Date **2023-08-02**
Reviewed by SRL
Panel member 1-> **A** result-> **Negative** SRL review result-> **Concordant**
Panel member 2-> **B** result-> **Negative** SRL review result-> **Concordant**
Panel member 3-> **C** result-> **Positive** SRL review result-> **Concordant**
Panel member 4-> **D** result-> **Negative** SRL review result-> **Concordant**
Remarks by ICTC **No**
Date & time of data submitted by ICTC **02-08-2023 09:30:36 AM** PT Final Result **Satisfactory**
Remarks by SRL **NIL**
Date & time of data submitted by SRL **02-08-2023 02:05:12 PM**



Please cross check all details before submitting