



Proficiency Testing (PT)

I		T	o be complete	d by SRL		
1	Name of the State	e State Telangana		* All the fields are mandatory		
2	Name of District SANGAREDDY			*		
3	Name of linked SRL	OMC, Hyderabad, Telangana		*		
4	Email Address	kkirankumar468@gmail.com		*		
5	Name of the ICTC	AREA HOSPITAL,PATANCHERU		*		
6	SIMS Code / ID	2804085		*		
7	Round	First	*	Year	2023-24	*
II	Proficiency Testing Samples					
1	RCA/CA done for discordant samples for last round	No		Root Cause Analysis (RCA), Corrective Action ((CA)	
2	Sample received Date	2023-08-23		Sample tested Date	2023-08-24	
				Reviewed b	y SRL	_
3	Panel member 1> A result>	Negative		SRL review result>	Concordant	
4	Panel member 2> B result>	Negative		SRL review result->	Concordant	
5	Panel member 3> C result>	Negative		SRL review result>	Concordant	
6	Panel member 4> D result>	Positive		SRL review result->	Concordant	
7	Remarks by ICTC	no				
8	Date & time of data submitted by ICTC 26-08-2023 01:16:23 PM		PT Final Result	Satisfactory		
9	Remarks by SRL	Remarks by SRL nil				
10	Date & time of data submitted by SRL $26-08-26$		B PM			



Please cross check all details before submitting