



Proficiency Testing (PT)

I		To be completed by SRL	
1	Name of the State	Uttar Pradesh	* All the fields are mandatory
2	Name of District	PRAYAGRAJ	*
3	Name of linked SRL	MLNMC, Allahabad, Uttar Pr.	*
4	Email Address	ahb.tbh@gmail.com	*
5	Name of the ICTC	G.T.B. HOSPITAL, TELIYAR	*
6	SIMS Code / ID	0901184	*
7	Round	Second	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	2024-03-11	Sample tested Date 2024-03-11
Reviewed by SRL			
3	Panel member 1-->	A1 result--> Positive	SRL review result--> Concordant
4	Panel member 2-->	A2 result--> Negative	SRL review result--> Concordant
5	Panel member 3-->	A3 result--> Negative	SRL review result--> Concordant
6	Panel member 4-->	A4 result--> Positive	SRL review result--> Concordant
7	Remarks by ICTC	PT PANALE ROUND 2 YEAR 2023-24	
8	Date & time of data submitted by ICTC	11-03-2024 01:35:08 PM	PT Final Result Satisfactory
9	Remarks by SRL	100 % Matched	
10	Date & time of data submitted by SRL	11-03-2024 01:49:44 PM	

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Please cross check all details before submitting