



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, TELIYARI			*
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