



Proficiency Testing (PT)

To be completed by SRL

**I**

1 Name of the State

2 Name of District

3 Name of linked SRL

4 Email Address

5 Name of the ICTC

6 SIMS Code / ID  *All the (\*) marked fields are mandatory, Orange color fields are editable*

7 Round  \* Year  \*

Proficiency Testing Samples

**II**

1 RCA/CA done for discordant samples in last round  \* *Root Cause Analysis (RCA), Corrective Action (CA)*

2 Sample received Date  \* Sample tested Date  \*

Review by SRL

Name of SRL In-charge:  \*

Date of Panel Issued:  \*

3 Panel member 1-->	<input type="text" value="A1"/>	result-->	<input type="text" value="Negative"/>	-->	SRL review result-->	<input type="text" value="Concordant"/>	*
4 Panel member 2-->	<input type="text" value="A2"/>	result-->	<input type="text" value="Negative"/>	-->	SRL review result-->	<input type="text" value="Concordant"/>	*
5 Panel member 3-->	<input type="text" value="A3"/>	result-->	<input type="text" value="Positive"/>	-->	SRL review result-->	<input type="text" value="Concordant"/>	*
6 Panel member 4-->	<input type="text" value="A4"/>	result-->	<input type="text" value="Negative"/>	-->	SRL review result-->	<input type="text" value="Concordant"/>	*

7 Remarks by ICTC

8 Date & time of data submitted by ICTC  PT Final Result-->  \*

9 Reason for Discordance-->

10 Remarks by SRL

Please cross check all details before submitting