	TATA 1mg Labs	
	TATA 1mg Technologies Private Limited	
	Form Name	Proficiency Testing - Action Needed Form
	Form No.	Gen / FR / 59
	Issue Date & Version No.	01-Jul-2022 V2

Section 1 - Initiation of ANF (to be filled by the person who raising the ANF)

PT/EQAS Agency ☐ **CAP** ☐ **AIIMS** ☐ **BIORAD** ☐ **CMC** ☐ **RML** ☐ **Other**

Survey name & distribution ID: Metropolis helathcare LIMITED EQAS

Date on agency report: 10-July-2024

ANF No: ANG/JUL/24/01	Issued by: Nicky Anand	Issue Date: 18-JUL-2024	Due date: 28-JULY-2024

Department: Clinical Pathology

ANALYTE or EXAMINATION: Specific Gravity

Sample ID	Result submitted	PT targets	PT acceptable range	Problem/Performance
01	1.020	NA	NA	Unacceptable

Comment /Observations: (e.g. trend, previously missed within last 12 months, lab in regulatory jeopardy for this analyte?)

Section 2 - Investigation of Non Conformance- Checklist

Sl	ANF-CHECKLIST	Yes	No	N/A
1	Specimen temperature check, as per kit instructions	**Yes**		
2	Specimen storage condition check, as per kit instructions	**Yes**		

3	Specimen physical condition check	**Yes**		
4	Sample integrity up to arrival in lab: any shipping, delay or other sample problems?		**No**	
5	Sample integrity in-house: any problems with sample handling in the lab?		**No**	
6	Were there any instrument problem?		**No**	
7	Were there any method problem?		**No**	
8	Were there any faulty reagent/QC and Calibrator?		**No**	
9	Were there QC trends / problems at time of assay?		**No**	
10	Was Peer group data checked, if required			**N/A**
11	Were there any Calibration (Intercept/slope) problems at time of assay?		**No**	
12	Was water quality checked?			**N/A**
13	Did any technical errors occur due to pipetting error		**No**	
14	Did any technical errors occur due to sample mix-up		**No**	
15	Did any technical errors occur due to incorrect process, other than reconstitution, dilution or calculation errors,		**No**	
16	Did any technical errors occur due to misinterpretations		**No**	
17	Was the instrument checked for daily. Weekly. Monthly, semiannually and Annual maintenance	**Yes**		
18	Was there a lab clerical error? (e.g. error in unit conversion needed for survey only, transcription error onto result form, wrong method details submitted, Factor removal)		No	
19	Was there a clerical error by the PT / EQA agency?		No	
20	Were there Patient data trends / problems at time of assay?		No	
21	Were there any gaps / issues in training or competency assessment?		No	
22	Was the sample condition appropriate at time of retesting (mention temperature…)		No	
23	Has sample been re-tested / re-examined?		No	
24	Has the lab perform Interlaboratory Comparison		No	

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Questions 4-22 give details for any Yes answers
Instrument daily, weekly and monthly maintenance was done.

Question 23/24: if answer is yes, give results of repeat testing

Sample ID	Original result	Repeat value/ Lab Result	PT Targets/ Referral Lab Result	PT/ILC Acceptable Range	Status (Acceptable/Not acceptable)
D5397330	-	>=1.030	>=1.030	±10%	Acceptable
D5397894	-	1.010	1.010	±10%	Acceptable

Section 3 Root cause (Refer to Non-conformance error Reason)

	Random error, IQC of the day satisfactory.
Why do you think the non-conformance / error occurred? Use this area to explain your findings.	

Assessment of the impact of root cause on patient results (Patient results may be affected before, during or after the PT event). Describe how the conclusion of impact was made and any corrective actions made to the patient result(s); "If No" - Explain why there was no patient impact?
IQC Values are within acceptable range.
Describe any previous proficiency testing issues with this test in the last sample:

Section 4: Department - Conclusion & Corrective / Preventive Action

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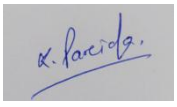
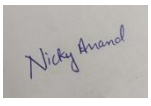
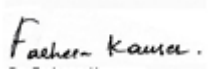
What corrective action have you carried out?
Split Testing has been done , results are satisfactory.
Preventive action put into place?
NA
Due date for closure of proposed corrective and preventive action:
28-July-2024

	Person investigated	Department Manager	Lab Head
Signature with Date:			

Note: After signatures please hand over the form along with supporting documents to QA.

Date when ANF received to QA along with supporting documents: _____ **by:** _____

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PT/EQAS Agency ☐ **CAP** ☐ **AIIMS** ☐ **BIORAD** ☐ **CMC** ☐ **RML** ☐ **Other**

Survey name & distribution ID: Metropolis helathcare LIMITED EQAS

Date on agency report: 10-July-2024

ANF No:	Issued by:	Issue Date:	Due date:
ANG/JUL/24/02	Nicky Anand	18-JUL-2024	28-JULY-2024

Department: Clinical Pathology

ANALYTE or EXAMINATION: PH

Sample ID	Result submitted	PT targets	PT acceptable range	Problem/Performance
01	5.5	NA	NA	Unacceptable

Comment /Observations: (e.g. trend, previously missed within last 12 months, lab in regulatory jeopardy for this analyte?)

Section 2 - Investigation of Non Conformance- Checklist

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D5397894	-	**6.0**	**6.0**	±10%	**Acceptable**

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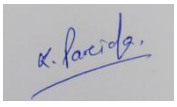
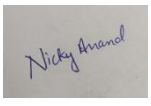
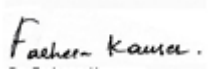
Signature with Date:			

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