



Proficiency Testing (PT)

I

To be completed by SRL

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 *

II

Proficiency Testing Samples

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="Positive"/> | --> | SRL review result--> | <input type="text" value="Concordant"/> | * |
| 5 Panel member 3--> | <input type="text" value="A3"/> | result--> | <input type="text" value="Negative"/> | --> | 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