

## CAP Proficiency/Quality Control Investigation

### 1. General Information:

Check off (X) the investigation type.

Survey Problem:  Quality Control Problem:  Date: \_\_\_\_\_

Name of Survey: \_\_\_\_\_ Analyte: \_\_\_\_\_

Problem/Discrepancy:

### 2. Investigation:

### 3. Corrective Action:

### 4. Evidence Problem Corrected:

### 5. Conclusion:

<p><u>Methodologic Problems:</u></p> <input type="checkbox"/> Instrument problem identified <input type="checkbox"/> Instrument repaired/replaced <input type="checkbox"/> Faulty standard <input type="checkbox"/> Faulty reagent <input type="checkbox"/> Faulty quality control <input type="checkbox"/> Other method problem	<p><u>Technical Problems</u></p> <input type="checkbox"/> Misinterpretation/misidentification <input type="checkbox"/> Dilution error/incorrect pipetting <input type="checkbox"/> Time delay between reconstitution and analysis <input type="checkbox"/> Calculation error <input type="checkbox"/> Run accepted in nonlinear range <input type="checkbox"/> Run accepted, controls out of range <input type="checkbox"/> Sample mix-up <input type="checkbox"/> Other technical problem	<p><u>Clerical Errors</u></p> <input type="checkbox"/> Transcription error <input type="checkbox"/> Transposition error	<p><u>Survey Material Problem</u></p> <input type="checkbox"/> Hemolyzed sample <input type="checkbox"/> Bacterial contamination <input type="checkbox"/> Perceived survey bias <input type="checkbox"/> Poor growth in culture <input type="checkbox"/> Unstable survey material <input type="checkbox"/> Matrix effect <input type="checkbox"/> No comparable peer group <input type="checkbox"/> Acceptable range too narrow <input type="checkbox"/> Late shipment
<p><u>No Explanation after</u> _____ This choice used only when an investigation does not yield an explanation.</p>			

Section Supervisor/Technician:

Section Chief/OI:

Chief, Laboratory Element:

Medical Director, Laboratory