Proficiency Testing (PT) Review Log

Laboratory name: _____

CLIA #: _____

Location / department: _____

Month / Year: _____

PT program: _____

Year: _____

Event / survey ID	Date received	Date tested / by	Date submitted	Results received	Score / % acceptable	Unacceptable analytes	CAR # (if any)	Director/ designee review & date

PT attestation signed by director and testing personnel for each event? [ ] Yes

Notes: _____

Regulatory reference (verify against current eCFR): 42 CFR 493.1236 – the laboratory must review and evaluate PT results; 493.1236(c) – at least twice annually, verify the accuracy of tests not in subpart I or without compatible CMS-approved PT samples.

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