



The American Association for Laboratory Accreditation

F604 – MEDICAL PROFICIENCY TESTING
DATA SUBMISSION FORM

Document Issued:
February 26, 2010

Page 1 of 1

Laboratory Name: _____

City: _____ State: _____

Master Code: _____ Certificate Number(s): _____

Instructions: Submit this form when providing proficiency testing results NOT PROVIDED BY PROFICIENCY TESTING PROVIDERS to A2LA in accordance with the R603 - A2LA Proficiency Testing Requirements for Medical Testing Laboratories Meeting the ISO 15189 and CLIA Requirements or R653 - A2LA Proficiency Testing Requirements for Medical Testing Laboratories Meeting the ISO 15189 Requirements. For each proficiency test completed, provide the relevant reports, and documentation of corrective action taken to address any outlying results. To aid in A2LA review of that data, provide the following summary information in the table below:

PT Program Name: Identification of the program completed, including the specific analyses performed (e.g. Intra-lab competency for Bleeding Time, Inter-lab challenge for XYZ)

Report Date: The date the final report was issued

Lab ID: Number or other identifier assigned to your laboratory's data in the attached report(s)

Outlying Results: Indicate whether any outliers were identified for your laboratory. **If outlying results were identified, documentation of corrective action taken must be attached with this form.**

PT Program Name	Report Date	Lab ID	Outlying Results	
			No	Yes