

MISSED PROFICIENCY TESTING ANALYTE INVESTIGATION REPORT

Lab Unit _____

Date: _____

Survey Module: _____

Analyte: _____

Analyte or Sample #	Your Result	Expected Result

Investigative Study and Findings: *(attach supporting documentation if applicable)*

Corrective Action: *(include patient remediation if applicable)*

REVIEWED BY: _____

QA MANAGER

_____ DATE

GENERAL SUPERVISOR

_____ DATE

TECHNICAL SUPERVISOR

_____ DATE

LAB DIRECTOR

_____ DATE