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| IQA | | | | | General Investigation Checklist/Form | | | | | | | | | | | |
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| **Survey Information – External Quality Assurance (EQA)** | | | | | | | | | | | | | | | | |
| **Note: Please complete the report and submit it to IQA within 30 days.** | | | | | | | | | | | | | | | | |
| **Site/Laboratory Name:** | | | | | | | | **EQA Provider and #:** | | | | | | | | |
| Survey Name: |  | | | | | | | Analyzer Name/Model: | | | | | | | | |
| Date Survey Received: | | | |  | | | Date Analysis Performed: | | | | |  | | | | |
| Date Survey Results Submitted: | | | |  | | | Date Evaluations Available: | | | | |  | | | | |
| Previous Survey Problems  (If yes, explain): | | | |  | | | | | | | | | | | | |
| Investigation Performed By: | | |  | | | | | | Date: | |  | | | | | |
| **Unacceptable EQA Panel:** **Date of Repeat testing:** | | | | | | | | | | | | | | | | |
| **Specimen Number** | | **Analyte** | | | | **Reported Result** | | **Repeated Result** | | **Intended Result/Peer Group** | | | | | | |
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| **Root Cause Analysis** | | | | | | | | | | | | | | | | |
| **Pre-Analytical errors:** | | | | | | | | | | | | | YES | | NO | N/A |
| 1. Were proficiency testing materials received in the laboratory without delay? If delayed, please describe the issues.  Comments: | | | | | | | | | | | | |  | |  |  |
| 2. Were specimens shipped and stored appropriately according to temperature requirements?  Comments: | | | | | | | | | | | | |  | |  |  |
| 3. Were there any broken or leaking EQA vials/material received by the lab? Were any vials missing? If so, did you contact the provider and SMILE?  Comments: | | | | | | | | | | | | |  | |  |  |
| 4. Were specimens prepared/ reconstituted /diluted as indicated by the kit instructions?  Comments: | | | | | | | | | | | | |  | |  |  |
| 5. Were special instructions provided in the kit followed?  (Can be indicated by this symbol ) Comments: | | | | | | | | | | | | |  | |  |  |
| 6. Were the correct tests performed on the correct specimen(s)?  Comments: | | | | | | | | | | | | |  | |  |  |
| 7. Was routine maintenance of instruments/equipment performed?  Comments: | | | | | | | | | | | | |  | |  |  |
| 8. Were checks of kits/reagents/materials performed before sample testing (lot numbers, storage conditions, etc.)?  Comments: | | | | | | | | | | | | |  | |  |  |
| 9. Were expiration dates verified before sample testing (Controls, reagents, etc.)?  Comments: | | | | | | | | | | | | |  | |  |  |
| **Analytical Errors:** | | | | | | | | | | | | | YES | | NO | N/A |
| 1. Was any bias, shift or trend noted on past/current EQA events? If yes, were any investigations performed and what were the outcomes?  Comments: | | | | | | | | | | | | |  | |  |  |
| 2. Were any instrument/test problems noted prior to or after EQA event?  Comments: | | | | | | | | | | | | |  | |  |  |
| 3. Was the calibration at the time of the EQA event reviewed for acceptability?  If not acceptable, comment: | | | | | | | | | | | | |  | |  |  |
| 4. How do you establish your Quality Control (QC) mean and ranges? Comments:  Lab established  Use manufacturer’s | | | | | | | | | | | | | Not applicable | | | |
| 5. Were all QC levels for this analyte within acceptable range(s) on day the survey was run?  Comments: | | | | | | | | | | | | |  |  | |  |
| 6. Are Westgard QC rules used? If so which ones?  Comments: | | | | | | | | | | | | |  |  | |  |
| 7. Were QC/Levy Jennings charts reviewed for any trends, shifts and/or bias?  Comments: | | | | | | | | | | | | |  |  | |  |
| 8. Does your laboratory track precision by monitoring Coefficient of Variation (CV) for this analyte?  If yes, was your CV acceptable at the time of the survey?  Comments: | | | | | | | | | | | | |  |  | |  |
| 9. If manual calculation was performed for this analyte was it checked for accuracy? (dilutions, formula)  Comments: | | | | | | | | | | | | |  |  | |  |
| 10. Was instrument or reagent manufacturer contacted?  Comments: | | | | | | | | | | | | |  |  | |  |
| 11. Are questionable results reviewed by supervisor/pathologist before reporting?  Comments: | | | | | | | | | | | | |  |  | |  |
| **Post Analytical Errors:** | | | | | | | | | | | | | YES | NO | | N/A |
| 1. Were the results correctly transcribed from the instrument print-out/ worksheets to the EQA Result Form?  Comments: | | | | | | | | | | | | |  |  | |  |
| 2. Did the completed EQA Result Form match the electronic results submitted? If no, how do you assure the accuracy of transcribed results?  Comments: | | | | | | | | | | | | |  |  | |  |
| 3. Were the correct instrument/method/reagent reported on the EQA Result Form?  Comments: | | | | | | | | | | | | |  |  | |  |
| 4. Were the correct units reported?  Comments: | | | | | | | | | | | | |  |  | |  |
| 5. Were results reported with correct decimal place?  Comments: | | | | | | | | | | | | |  |  | |  |
| 6. Were your results graded in the appropriate peer group?  Comments: | | | | | | | | | | | | |  |  | |  |
| 7. Were your intended result code(s) selected for photographic images and microscopic examination?  Comments: | | | | | | | | | | | | |  |  | |  |
| **Investigative Actions and Root Cause**:Briefly discuss what actions were taken in this investigation and what you believe is the primary cause of this EQA problem.  Was Personnel training/competency reviewed? Staff education or re-training conducted, *as appropriate*?  Comments: | | | | | | | | | | | | | | | | |
| **Type of Error:**   |  |  |  |  | | --- | --- | --- | --- | |  | Methodological |  | Survey evaluation problem | |  | Technical |  | Other (explain) | |  | Clerical |  |  | | | | | | | | | | | | | | | | | |
| **Study Impact:**  Were study participant results assessed for adverse effects?  *If applicable, review participant results, amend results and notify the following---physicians, study staff and network representatives.*  Comments: | | | | | | | | | | | | | | | | |
| **Future Preventative Measures/ Actions:** Briefly discuss how you will prevent this problem from occurring in the future. | | | | | | | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **For IQA use** | | | | | | **IQA Review:** |  | Acceptable and complete Investigation. |  | Investigation is incomplete. See comments. | | Comments: | | | | | | **Name/Title: Date:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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Table for supporting documents:

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| Attachment# | Description of attachments |
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