





Appendix D



Proficiency Test Evaluation Form





NCSBI MOLECULAR GENETICS SECTION **PROFICIENCY TEST EVALUATION FORM**

PROFICIENCY TEST ID - _____		
ANALYST - _____		
TYPE TEST:		
<input type="checkbox"/> DNA	<input type="checkbox"/> DNA DATABASE	<input type="checkbox"/> BODY FLUID IDENTIFICATION
<input type="checkbox"/> EXTERNAL	<input type="checkbox"/> EXTERNAL	<input type="checkbox"/> EXTERNAL
<input type="checkbox"/> INTERNAL	<input type="checkbox"/> INTERNAL	<input type="checkbox"/> INTERNAL
<input type="checkbox"/> INTERPRETATIVE	<input type="checkbox"/> INTERPRETATIVE	<input type="checkbox"/> INTERPRETATIVE

EVALUATION CRITERIA	
Are all reported inclusions are correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are all reported exclusions are correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are all reported genotypes/phenotypes are correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are all results reported as inconclusive or uninterpretable consistent with lab guidelines? If applicable, are the reasons documented? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are there any discrepancies or errors that need corrective action? If so has this been documented? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are the final reports satisfactory (i.e. no analytical errors in the DNA profiling data)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are there any administrative errors? If so has this been documented? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is corrective action is necessary in this test? If so the corrective action files must be attached to this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

LABORATORY REVIEW :	
ANALYST WHO COMPLETED THIS TEST -	_____
LAB REVIEW CONDUCTED BY	- _____
DATE OF LAB REVIEW	- _____