WSLH Proficiency Testing
WISCONSIN STATE LABORATORY OF HYGIENE
UNIVERSITY OF WISCONSIN–MADISON

Post Event Follow-Up Report

Instructions

This form can be used when follow-up is required on a Proficiency Testing Evaluation Report. This can include failures, not scored, non-consensus, self-assessment, use of an exception code, SDI bias or trends, etc.

Note: This document and its process are not intended to replace any existing protocol used by your facility or to replace any guidance or instructions given by an accrediting agency.

Documentation Retention Requirements: PT records and related documents (follow-up reports, calibration, daily QC, maintenance, etc.) must be retained for two years unless longer retention is required for specific analytes (such as Blood Bank for 5 years).

- **Facility Name:** If your facility is part of a large system, include a unique identifier such as city, WSLH PT Lab ID, or CLIA ID.
- **Year, Event Name, and Event Number:** This information is located on the top right of the Proficiency Testing Evaluation Report. On the fillable form, choose year, event name and event number from the drop-down menus.
- **Module/Analyte/Sample:** List your module number, analyte, and sample ids that require follow-up.
- **Instrument/Method: I**nclude a unique identifier for the instrument if necessary, such as a serial number. Kit name and lot number can be documented here.
- **Reason for Follow-Up:** This is displayed under "Status" or "Comments" on your Proficiency Testing Evaluation Report (such as Fail, Non-consensus, Not scored, etc.) On the fillable form, choose the reason for follow-up from the drop-down menu. The "Additional Comments" box can be used to document the reason for the use of an exception code or choice of "Other" and also provides additional space to list analytes/sample IDs that need follow-up.
- **Identified Cause:** The cause of the deficiency must be determined in order to implement corrective actions. For assistance in identifying potential causes and troubleshooting actions, see the **WSLH Troubleshooting Guide**.
- **Troubleshooting or Self-Assessment Actions Performed:** Document the steps taken to identify the root cause of the issue. Include with this report any documents that pertain to this such as retesting results, recalibration documentation, maintenance logs, service call logs, peer data and data calculator spreadsheets, split patient sample comparison data, etc.
- **Corrective Action:** Identify actions your facility can implement to prevent similar issues in the future. Include with this report any documents that pertain to this such as retraining documents, forms, updated SOPs, meeting minutes, etc.
- **Person Completing Report:** This lets any accrediting agencies know who to contact for any follow-up questions or concerns.
- **Lab Director/Technical Supervisor/Consultant/Designee:** All post event actions must be approved, signed and dated by the appropriate personnel.

WSLH PT does not require copies of your follow-up documentation.

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Facility Name

PT Event					
Year	**Select**	Event Name	**Select**	Event Number	**Select**

Module/Analyte/Sample

Instrument/Method

Reason for Follow-Up
As stated in the evaluation report
Select

Additional Comments	

Identified Cause

Troubleshooting or Self-Assessment Actions Performed
Include any necessary documentation including retesting results, recalibration, service call log, etc.
Continued on page 2

Post Event Follow-Up Report

Troubleshooting or Self-Assessment Actions Performed continued from page 1

Corrective Action

Include any necessary documentation such as forms, retraining documents, etc.

Person Completing Report

Printed Name	Signature	Date

Lab Director/Technical Supervisor/Consultant/Designee

Printed Name	Signature	Date