# **Proficiency Testing Follow-up Form**

*Instructions: complete one PT Follow-up Form per PT and per laboratory (do not complete one form for each staff member unless the form is being used as part of the competency assessment for that staff member’s Laboratory Auditing Program (LAP) problems). This form may be used to summarize critical PT highlights that will be used in laboratory Management Reviews.*

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| **Laboratory** |  |
| **Date** |  |
| **Completed By** |  |
| **PT Measurement Parameter, Range, and Scope Description** |  |
| **PT Identification (OWM Code) and artifact ID** |  |
| **List of Participating Personnel (17025, Section 6.2)** Note Approved Signatory or In Training Status |  |

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| **Assessment** | **Results and Evidence** |
| **2.2.7 Executive Summary and Program Impact.** |  |
| **PT Failure Summary.** |  |
| **2.2.1 Difference, Bias, Offset Assessment.** |  |
| **2.2.2 Uncertainty Analysis.** |  |
| **2.2.3 Decision Rules and Conformity Assessment** |  |
| **2.2.4 Non-Measurement Result Observations or Failures.** |  |
| **2.2.5 Records.** |  |
| **2.2.6 Analysis and Action Plan with Assigned Personnel and Deadlines.** |  |