

EQAS® Troubleshooting Checklist

Name of Hospital: _____ EQAS Program: _____
 Department: _____ Cycle #: _____ Sample #: _____
 Analyte: _____ Instrument: _____
 Lab Result: _____ Z-score: _____ Peer Mean: _____ Peer (n): _____
 Comparator: Peer Method Mode All Results
 Comparator Mean: _____ Comparator (n): _____

Sample Receipt: Who Received Kit: _____ Date Received: _____ Yes No N/A

- Was the kit received in good condition?
- Was the correct program/cycle received?
- Was the kit stored at the proper temperature following receipt?

Sample Preparation: Who Prepared Sample: _____ Date Prepared: _____ Yes No N/A

- Was the correct reconstitution instruction followed (handling, time, temperature)?
- Was a volumetric Class A (or calibrated) pipette used for reconstitution?
- Was distilled or deionized water used for reconstitution?
- Was the sample mixed according to the package insert prior to testing?

Sample Processing: Who Ran Affected Test: _____ Date Prepared: _____ Yes No N/A

- Was the correct sample number tested?
- Was the sample at room temperature?
- Was the person running the test current in their training?
- Was the affected test run within the stability claim listed in the package insert?

Reporting Results: Who Reported Results: _____ Date Reported: _____ Yes No N/A

- Was the test configuration correct (instrument, method and reagent)?
- Have the results been reported correctly (match instrument print out)?
- Was the correct unit reported?
- Was the decimal symbol placed correctly when reported?
- Was the reported result within the instrument's linear range?
- Was the calculation of the reported result done correctly?

Internal QC: Who Ran IQC (on EQAS testing): _____ Date of IQC: _____ Yes No N/A

- Was IQC within an acceptable range on the day that the EQAS sample was run?
- Where there any shifts or trends in IQC just before/after the EQAS sample was run?

Calibration: Who Ran Calibration: _____ Date Calibrated: _____ Yes No N/A

- Was the last calibration acceptable?
- Was the last calibration within the manufacturer's recommended dating?

Reagent: Reagent Lot: _____ Lot Expiration: _____ Yes No N/A

- Was the test reagent stored correctly?
- Was the test reagent properly prepared?
- Was the test reagent within manufacturer's dating?

Instrument: Who Performed Maintenance: _____ Date: _____ Yes No N/A

- Was daily maintenance performed on the day that the EQAS sample was run?
- Was the person performing maintenance current on training?
- Was the instrument operating correctly on the day the sample was tested?
- Was the lab environment acceptable for the instrument (temperature, humidity, electrical, etc.)?

Sample Retest: Who Retested Sample: _____ Date Tested: _____ Yes No N/A

- Was the EQAS sample retested following receipt of EQAS sample report?
- If yes, was the result within acceptable limits for the EQAS sample?

EQAS Evaluation: Yes No N/A

- Inappropriate peer group or comparator
- Inappropriate evaluation criteria, e.g. narrow limits due to use of a precise method or instrument. (Consider use of the *Quality Specification Report*)



EQAS® Troubleshooting Checklist

Name of Hospital: _____

EQAS Program: _____

Department: _____

Cycle #: _____ Sample #: _____

Root Cause of Problem:

Corrective Actions:

Reviewed By:

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Title: _____

Title: _____

Date: _____

Date: _____

