EQAS® Troubleshooting Checklist

Name of Hospital: __________________________   EQAS Program: __________________________
Department: ___________________________   Cycle #: __________________________
Analyte: ___________________________   Sample #: __________________________
Lab Result: ___________________________   Z-score: __________________________
Comparator: ___________________________   Peer: __________________________
Who Received Kit: ___________________________   Method: __________________________
Date Received: ___________________________   Mode: __________________________
Who Received Kit: ___________________________   All Results: ___________________________
– Was the kit received in good condition? Yes No N/A
– Was the correct program/cycle received? Yes No N/A
– Was the kit stored at the proper temperature following receipt? Yes No N/A
Sample Receipt: ___________________________
Who Prepared Sample: ___________________________
Date Prepared: ___________________________
Who Prepared Sample: ___________________________
Date Prepared: ___________________________
– Was the correct sample number tested? Yes No N/A
– Was the sample at room temperature? Yes No N/A
– Was the person running the test current in their training? Yes No N/A
– Was the affected test run within the stability claim listed in the package insert? Yes No N/A
Sample Preparation: ___________________________
Who Ran Affected Test: ___________________________
Date Prepared: ___________________________
Who Ran Affected Test: ___________________________
Date Prepared: ___________________________
– Was the correct sample number tested? Yes No N/A
– Was the sample at room temperature? Yes No N/A
– Was the person running the test current in their training? Yes No N/A
– Was the affected test run within the stability claim listed in the package insert? Yes No N/A
Sample Processing: ___________________________
Who Reported Results: ___________________________
Date Reported: ___________________________
Who Reported Results: ___________________________
Date Reported: ___________________________
– Was the test configuration correct (instrument, method and reagent)? Yes No N/A
– Have the results been reported correctly (match instrument print out)? Yes No N/A
– Was the decimal symbol placed correctly when reported? Yes No N/A
– Was the calculated the reported result done correctly? Yes No N/A
Reporting Results: ___________________________
Internal QC: ___________________________
Who Ran IQC (on EQAS testing): ___________________________
Date of IQC: ___________________________
Who Ran IQC (on EQAS testing): ___________________________
Date of IQC: ___________________________
– Was IQC within an acceptable range on the day that the EQAS sample was run? Yes No N/A
– Where there any shifts or trends in IQC just before/after the EQAS sample was run? Yes No N/A
– Was the last calibration acceptable? Yes No N/A
– Was the last calibration within the manufacturer’s recommended dating? Yes No N/A
Internal QC: ___________________________
Who Ran Calibration: ___________________________
Date Calibrated: ___________________________
Who Ran Calibration: ___________________________
Date Calibrated: ___________________________
– Was the last calibration acceptable? Yes No N/A
– Was the last calibration within the manufacturer’s recommended dating? Yes No N/A
Calibration: ___________________________
Reagent: ___________________________
Reagent Lot: ___________________________
Lot Expiration: ___________________________
Reagent Lot: ___________________________
Lot Expiration: ___________________________
– Was the test reagent stored correctly? Yes No N/A
– Was the test reagent properly prepared? Yes No N/A
– Was the test reagent within manufacturer’s dating? Yes No N/A
Reagent: ___________________________
Instrument: ___________________________
Who Performed Maintenance: ___________________________
Date: ___________________________
Who Performed Maintenance: ___________________________
Date: ___________________________
– Was daily maintenance performed on the day that the EQAS sample was run? Yes No N/A
– Was the person performing maintenance current on training? Yes No N/A
– Was the instrument operating correctly on the day the sample was tested? Yes No N/A
– Was the lab environment acceptable for the instrument (temperature, humidity, electrical, etc.)? Yes No N/A
Instrument: ___________________________
Sample Retest: ___________________________
Who Retested Sample: ___________________________
Date Tested: ___________________________
Who Retested Sample: ___________________________
Date Tested: ___________________________
– Was the EQAS sample retested following receipt of EQAS sample report? Yes No N/A
– If yes, was the result within acceptable limits for the EQAS sample? Yes No N/A
Sample Retest: ___________________________
EQAS Evaluation: ___________________________
– Inappropriate peer group or comparator Yes No N/A
– Inappropriate evaluation criteria, e.g. narrow limits due to use of a precise method or instrument. Yes No N/A
EQAS Evaluation: ___________________________
(Consider use of the Quality Specification Report)
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Department: _______________________________ Cycle #: ___________ Sample #: ___________

Root Cause of Problem:

Corrective Actions:

Reviewed By:

Print Name: ___________________________ Print Name: ___________________________
Signature: ___________________________ Signature: ___________________________
Title: _______________________________ Title: _______________________________
Date: _______________________________ Date: _______________________________