

**SUNY DOWNSTATE MEDICAL CENTER
UNIVERSITY HOSPITAL OF BROOKLYN
POLICY AND PROCEDURE**

Subject: PROFICIENCY TESTING**No:** LAB- 9**Page:** 1 of 1**Original Issue Date:** 04/93**Supersedes:** 01/09**Review Date:** 01/10**The CAP Standards:** _____**Prepared by:** Alix R. Laguerre, MS *AL***Reviewed by:** Maria I. Mendez, MA *MIM*
*5/8/10***Approved by:** Peter J. Howanitz, MD *PJH***Issued by:** Pathology

PURPOSE: Provide an external audit system to comply with regulatory agency standards and to assure the highest quality of care.

POLICY: Each laboratory will participate in the proficiency testing programs from New York State Department of Health, College of American Pathologists (CAP), and ASHI for each of the disciplines offered by the Clinical Laboratories.

Laboratory personnel will not communicate with external Laboratories about proficiency testing samples before submission to the proficiency testing provider.

Testing for procedures performed within the Laboratory cannot be referred to another Laboratory and proficiency testing specimens will be handled in the same manner as patient specimens.

Results will be documented and reviewed. Documentation of problems and solutions will be reviewed by the Director of Laboratories and reported to the Performance Improvement Committee.

Proficiency results that are graded as unacceptable must be evaluated and corrective action must be taken within ten days of receipt. These actions must be discussed at the Department Performance Improvement Committee meeting. For those analytes categorized as educational challenges, any result that lies outside usual quality specifications should be evaluated and determined if acceptable on a case by case basis. Unacceptable results must be investigated in the same manner as graded analytes.

REFERENCE:

Document Control System: LAB-35
CAP Laboratory Accreditation Manual, Appendix I, GEN.1000, GEN.10500, GEN.11226, GEN.11484, GEN.11742, GEN.12258, GEN.13032, CLIA-88