

Diagnostic Immunology Proficiency Test Result Worksheet

| | | | | | |
|---|------------------|----------------------|---|----|--------------|
| Alpha-1-Antitrypsin | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 76 | 77 | 78 | 79 | 80 |
| Quantitative (mg/dl) | | | | | |

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|---|------------------|----------------------|---|----|--------------|
| Antinuclear Ab | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 46 | 47 | 48 | 49 | 50 |
| Qualitative (Pos/Ind/Neg) | | | | | |

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|--|------------------|----------------------|---|----|--------------|
| Antinuclear Ab Quantitative (IFA) | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 46 | 47 | 48 | 49 | 50 |
| Quantitative (Titers from IFA systems only!) | | | | | |
| Staining Pattern (not graded) | | | | | |

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|---|------------------|----------------------|---|----|--------------|
| Antistreptolysin O | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 16 | 17 | 18 | 19 | 20 |
| Qualitative (Pos/Ind/Neg) | | | | | |

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|---|------------------|----------------------|---|----|--------------|
| Antistreptolysin O Quantitative | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 16 | 17 | 18 | 19 | 20 |
| Quantitative (Titer or IU/ml) | | | | | |

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|---|------------------|----------------------|---|----|--------------|
| Complement C3 | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 76 | 77 | 78 | 79 | 80 |
| Quantitative (mg/dl) | | | | | |

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|---|------------------|----------------------|---|----|--------------|--|
| Complement C4 | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ | |
| Sample # | 76 | 77 | 78 | 79 | 80 | |
| Quantitative (mg/dl) | | | | | | |

| | | | | | | |
|---|------------------|----------------------|---|----|--------------|--|
| CMV Ab | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ | |
| Sample # | 11 | 12 | 13 | 14 | 15 | |
| Qualitative (R/Ind/NR) | | | | | | |

| | | | | | | |
|---|------------------|----------------------|---|---|--------------|--|
| Hepatitis B Core Ab | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ | |
| Sample # | 6 | 7 | 8 | 9 | 10 | |
| Qualitative (Pos/Ind/Neg) | | | | | | |

| | | | | | | |
|---|------------------|----------------------|---|---|--------------|--|
| Hep. B Surface Ag Screening | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ | |
| Sample # | 6 | 7 | 8 | 9 | 10 | |
| Qualitative (R/Ind/NR) | | | | | | |

| | | | | | | |
|---|------------------|----------------------|---|---|--------------|--|
| Hep. B Surface Ag Confirmation | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ | |
| Sample # | 6 | 7 | 8 | 9 | 10 | |
| Qualitative (Pos/Ind/Neg) | | | | | | |

| | | | | | | |
|---|------------------|----------------------|---|----|--------------|--|
| Hepatitis Be Ag | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ | |
| Sample # | 66 | 67 | 68 | 69 | 70 | |
| Qualitative (Pos/Ind/Neg) | | | | | | |

| | | | | | | |
|---|------------------|----------------------|---|----|--------------|--|
| Hepatitis C Ab Screening | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ | |
| Sample # | 71 | 72 | 73 | 74 | 75 | |
| Qualitative (R/Ind/NR) | | | | | | |

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|---|------------------|----------------------|---|----|--------------|
| Hepatitis C Ab Confirmation | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 71 | 72 | 73 | 74 | 75 |
| Qualitative (Pos/Ind/Neg) | | | | | |

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|---|------------------|----------------------|---|----|--------------|
| HTLV Ab | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 36 | 37 | 38 | 39 | 40 |
| Qualitative (R/Ind/NR) | | | | | |

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|---|------------------|----------------------|---|----|--------------|
| Immunoglobulin A | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 81 | 82 | 83 | 84 | 85 |
| Quantitative (mg/dl) | | | | | |

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|---|------------------|----------------------|---|----|--------------|
| Immunoglobulin E | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 81 | 82 | 83 | 84 | 85 |
| Quantitative (IU/ml) | | | | | |

| | | | | | |
|---|------------------|----------------------|---|----|--------------|
| Immunoglobulin G | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 81 | 82 | 83 | 84 | 85 |
| Quantitative (mg/dl) | | | | | |

| | | | | | |
|---|------------------|----------------------|---|----|--------------|
| Immunoglobulin M | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 81 | 82 | 83 | 84 | 85 |
| Quantitative (mg/dl) | | | | | |

| | | | | | |
|---|------------------|----------------------|---|----|--------------|
| Infectious Mononucleosis | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 26 | 27 | 28 | 29 | 30 |
| Qualitative (Pos/Ind/Neg) | | | | | |

| | | | | | |
|---|------------------|----------------------|---|----|--------------|
| Lyme Disease Total Ab | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 41 | 42 | 43 | 44 | 45 |
| Qualitative (Pos/Ind/Neg) | | | | | |

| | | | | | |
|---|------------------|----------------------|---|----|--------------|
| Lyme Disease WB - IgG | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 41 | 42 | 43 | 44 | 45 |
| Qualitative (Pos/Ind/Neg) | | | | | |

| | | | | | |
|---|------------------|----------------------|---|----|--------------|
| Lyme Disease WB - IgM | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 41 | 42 | 43 | 44 | 45 |
| Qualitative (Pos/Ind/Neg) | | | | | |

| | | | | | |
|---|------------------|----------------------|---|----|--------------|
| Rheumatoid Factor | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 26 | 27 | 28 | 29 | 30 |
| Qualitative (Pos/Ind/Neg) | | | | | |

| | | | | | |
|---|------------------|----------------------|---|----|--------------|
| Rheumatoid Factor Quantitative | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 26 | 27 | 28 | 29 | 30 |
| Quantitative (Titer or IU/ml) | | | | | |

| | | | | | |
|---|------------------|----------------------|---|----|--------------|
| Rubella Ab | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 11 | 12 | 13 | 14 | 15 |
| Qualitative (Pos/Ind/Neg) | | | | | |

| | | | | | |
|---|------------------|----------------------|---|----|--------------|
| Rubella Ab Quantitative | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 11 | 12 | 13 | 14 | 15 |
| Quantitative (IU/ml) | | | | | |

| | | | | | |
|---|------------------|----------------------|---|--------------|----|
| Rubella IgM | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | Method _____ | |
| Sample # | 56 | 57 | 58 | 59 | 60 |
| Qualitative (Pos/Ind/Neg) | | | | | |

| | | | | | |
|--|------------------|----------------------|---|--------------|---|
| Syphilis - Reagin | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | Method _____ | |
| Titering reactive samples to the endpoint is mandatory! See PT instructions and Diagnostic Immunology Standard 4 for exceptions | | | | | |
| Sample # | 1 | 2 | 3 | 4 | 5 |
| Qualitative (R/Ind/NR) | | | | | |
| Quantitative (Titer) | | | | | |

| | | | | | |
|---|------------------|----------------------|---|--------------|---|
| Syphilis Treponemal Ab | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | Method _____ | |
| Sample # | 1 | 2 | 3 | 4 | 5 |
| Qualitative (R/Ind/NR) | | | | | |

HIV Proficiency Test Result Worksheet

| | | | | | |
|---|------------------|----------------------|---|----|--------------|
| HIV Ab Screening | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 31 | 32 | 33 | 34 | 35 |
| Qualitative (R/Ind/NR) | | | | | |

| | | | | | |
|---|------------------|----------------------|---|----|--------------|
| HIV-1 Ab Confirmation (IFA/WB) | ___ Test Offered | ___ Test Not Offered | ___ Test Temporarily Suspended (written explanation required) | | |
| Manufacturer System / Test Kit Name _____ | | | | | Method _____ |
| Sample # | 31 | 32 | 33 | 34 | 35 |
| Qualitative (Pos/Ind/Neg) | | | | | |