SARS-COV-2 PROFICIENCY TESTING – RESULTS SUBMISSION FORM

Proficiency Test Panel:

Read Instructions Carefully:

Email this form as an email your email with the result for not necessary to sign the electric retained in the laboratory for required.	orm attached, yo lectronic copy of	u will receive a confir f the Report Form, but	mation email. It is it should be printed
Laboratory ID:			
Date PT panel received:			
Date PT panel tested:			
Extraction Assay:			
Detection Assay:			
Kit Lot Number			
Expiry Date			
Diluent used			
Volume used to reconstitute			
Please enter your results be phrase "SARS-COV-2 Detection			ease use the exact
Sample or Control ID	Target	CT Value (if applicable)	Your Results
EXAMPLE Positive			SARS COV-2 Detected
EXAMPLE Negative			SARS COV-2 Not Detected
			Detected
Kit Negative Control			Detected
Kit Negative Control Kit Positive Control			Detected
<u>-</u>			Detected