# Lab Director Attestation Page

## Proficiency Testing Performance Evaluation

**Event (circle) 1 2 3 Year _____**

| Test Event | Test | Score | Testing Personnel |
|---|---|---|---|
| Chemistry | Lead (µg/dL) | | |
| Hematology/ Coagulation/Body Fluids | Vaginal Wet Preparation | | |
| | Vaginal Wet Preparation (KOH) | | |
| Immunology/ immunohematology | Syphilis (titer, serum) | | |
| Microbiology | C. trachomatis (Molecular) | | |
| | N. gonorrhoeae (Molecular) | | |
| | Gram Stain | | |
| | Gram Stain Morphology | | |

Worksheet completed by: _____ Date: _____

As Lab Director I certify that as closely as possible, these proficiency testing samples were monitored and reviewed by my designee for assurance that all samples were tested in the same manner as patient specimens.

Additionally, I certify that records of testing are complete and contain a minimum of:

- Designee's Attestation Statement,
- Proficiency Testing Final Review Forms (Performance Evaluation, Performance Summary, and Comparative Evaluation)
- Submitted Results Form, which clearly indicates the date of submission,
- Worksheet,
- And if needed Corrective Action.

Comments:

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Lab Director Signature Date
Julie Carman, MLS