

# POCT Proficiency Testing Tracking Log

Facility/Site: \_\_\_\_\_

Year: \_\_\_\_\_

PT Vendor	Program	Date Shipment Received	Result Deadline	Testing Personnel	Date Results Submitted	Date Evaluation Received	If applicable	
							NC Report Submitted	Approved NC Report Received

NC = Nonconformance

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

