

Notice of Suspended or Discontinued Testing

MLE ID - ☐☐☐☐☐☐ Event - M1 ☐ M2 ☐ M3 ☐ Year - ____

Facility Name: _____

Reason(s) for exception request:

____ Lab closed during PT testing period (no patient testing performed)

____ Instrument problem (explain) _____

____ Reagent/kit/instrument on back-order

____ Reagent/kit/instrument recalled

____ Out of reagent or controls

____ Other (explain) _____

Analyte(s), Method(s), or Instrument(s) affected: _____

Date patient testing suspended: _____

Date expected to reinstate testing: _____

We the undersigned, attest that patient testing of the above analyte(s) has been suspended since the above reported date due to the stated reason. Should testing be reinstated within the proficiency testing event period, proficiency testing must be reported.

Lab Director (or Designee) signature: _____

Printed Name: _____ Date: _____

Note: MLE will evaluate all requests for Proficiency Testing exceptions and make grading decisions based on the validity and necessity of the request. It is still the testing site's responsibility to perform any and all corrective action and follow-up testing. A system exception issued by MLE does not guarantee the site will be in regulatory compliance. All system exceptions are subject to approval by the site's regulatory agency(s).

Return to MLE: by mail with applicable Test Result Form (TRF) pages, before the results deadline, OR if not submitting a TRF, return by fax 202-835-0440, or email mle@aab-mle.org