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# Notice of Temporarily Suspended Testing

AAB-MLE Account/ID # \_\_\_\_\_ Event: M1  M2  M3  Year \_\_\_\_\_

Facility Name: \_\_\_\_\_

**Reason(s) for exclusion request:**

\_\_\_\_ Lab closed during PT testing event 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 patient testing be reinstated within the proficiency testing event period, proficiency testing results must be reported.

**Lab Director (or Designee) signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** AAB-MLE will evaluate all requests for Proficiency Testing exclusions 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.

An exclusion granted does not guarantee the site will be in regulatory compliance. All grading exclusions are subject to approval by the lab's regulatory agency.

**Return this form to AAB-MLE before the results submission deadline.**

(See Shipping Calendar for dates)

Upload, Fax 713-781-5008, or Email [techsupport@aab-pts.org](mailto:techsupport@aab-pts.org)