|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Practice Name |  | |  | | | | | | Note: This sheet is not for entering data on your computer, it is only for printing and completing by hand. Once you have done this, enter your data on the appropriate data collection form. | | | | |
|  |  |  | | | Please circle response as appropriate | | | | | | | | |
| Review Month | Patient | Was a definitive decision recorded by a clinician on EACH test result within 7 calendar days of being received? | | | | Have the decisions for EACH test result been ‘actioned’ by the practice including appropriate recalls and tracking of the actions? (if no actions are required record at N/A) | | | | Was the patient informed as instructed? (If no instruction record at N/A) | | | Comments |
|  | 1 | Y | | N | | Y | N | N/A | | Y | N | N/A |  |
| 2 | Y | | N | | Y | N | N/A | | Y | N | N/A |
| 3 | Y | | N | | Y | N | N/A | | Y | N | N/A |
| 4 | Y | | N | | Y | N | N/A | | Y | N | N/A |
| 5 | Y | | N | | Y | N | N/A | | Y | N | N/A |
| 6 | Y | | N | | Y | N | N/A | | Y | N | N/A |
| 7 | Y | | N | | Y | N | N/A | | Y | N | N/A |
| 8 | Y | | N | | Y | N | N/A | | Y | N | N/A |
| 9 | Y | | N | | Y | N | N/A | | Y | N | N/A |
| 10 | Y | | N | | Y | N | N/A | | Y | N | N/A |