**Impression Evidence Comparison Proficiency Test Review Form**

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| **Laboratory and Section:** |  |
| **Forensic Scientist:** |  |
| **Laboratory File Number:** |  |
| **Date Assigned:** | Click here to enter a date. | **Test Number:** |  |
| **Method of Sending Results to Provider:** | Choose an item. | **Date Results Sent:** | Click here to enter a date. |
| **Test Type:** | Choose an item. | **Source:** | Choose an item. |
| **Reviewer:** |  | **Date Reviewed:** | Click here to enter a date. |
| **Evaluation Criteria:** |
| Are the results of analysis correct? | Choose an item. |
| Are the reported identifications correct? | Choose an item. |
| Are the reported exclusions correct? | Choose an item. |
| Is there an impression evidence database statement present that is supported by data in the case file? | Choose an item. |
| Are there any discrepancies or errors that require corrective action? If “yes”, then see NCR/CAR: Click here to enter text. | Choose an item. |
| **Comments:**  | Click here to enter text. |
| **QA Review/TL Review:** |  | **Date:** | Click here to enter a date. |
| **Results:** | Choose an item. |
| **Forensic Scientist Review:** |  | **Date:** | Click here to enter a date. |
| **Quality Manager Review:** |  | **Date:** | Click here to enter a date. |