

See cellwasher/
 serofuge maintenance
 SOP for details

Cellwasher/Serofuge Calibration Worksheet

New equipment calibration Post repair calibration

Make/Model: _____ IR#: _____ Date: _____ CLS: _____

Complete all calibration testing on form, pages 1 & 2

Immediate Spin Calibration

Tube label (Spin time/expe- cted result/ reagent	Reagent: 2 drops of diluted	Cells: 1 drop of	Expected Result	Supernatant is clear		Cell button well delineated		Record result	Neg tube re- suspends easily		Acceptable results	
				Yes	No	Yes	No		Yes	No	Yes	No
10 Pos D	Anti-D	D+	≥ 2+									
10 Neg D	Anti-D	D neg	Neg									
10 Pos B	Anti-B	B	≥ 2+									
10 Neg B	Anti-B	A	Neg									
15 Pos D	Anti-D	D+	≥ 2+									
15 Neg D	Anti-D	D neg	Neg									
15 Pos B	Anti-B	B	≥ 2+									
15 Neg B	Anti-B	A	Neg									
20 Pos D	Anti-D	D+	≥ 2+									
20 Neg D	Anti-D	D neg	Neg									
20 Pos B	Anti-B	B	≥ 2+									
20 Neg B	Anti-B	A	Neg									
25 Pos D	Anti-D	D+	≥ 2+									
25 Neg D	Anti-D	D neg	Neg									
25 Pos B	Anti-B	B	≥ 2+									
25 Neg B	Anti-B	A	Neg									

Neg= Negative

Reagent Cell	Manufacturer	Lot #	Exp. Date	Optimal Time
Reagent antisera				

Cellwasher/Serofuge Calibration Worksheet, Continued

AHG Reaction Calibration:

Tube label	Reagent: 2 drops of diluted	Cells: 1 drop of AHG	Expected Result	Supernatant is clear		Cell button well delineated		Record result	Neg tube re- suspends easily		Acceptable results	
				Yes	No	Yes	No		Yes	No	Yes	No
10 Pos D	Anti-D	D+	≥ 2+									
10 Neg D	Anti-D	D neg	Neg									
15 Pos D	Anti-D	D+	≥ 2+									
15 Neg D	Anti-D	D neg	Neg									
20 Pos D	Anti-D	D+	≥ 2+									
20 Neg D	Anti-D	D neg	Neg									
25 Pos D	Anti-D	D+	≥ 2+									
25 Neg D	Anti-D	D neg	Neg									
Neg=Negative				Manufacturer	Lot #			Exp. Date	Optimal Time			
Reagent Cell												
Reagent antisera												

Washing Cells Calibration:

12 tubes, 1 drop rbc+ 2/3 filled with saline spun for 60 sec	Supernatant clear?		Cell button well delineated?		Re- suspend with 2 drops of saline	Resuspended easily?		Original cell volume intact?		Acceptable results	
	Yes	No	Yes	No		Yes	No	Yes	No	Yes	No
Comments											

All spin time(s) determined as optimal and verified as posted on equipment
 All calibration testing (IS/AHG/Washing) Acceptable Not acceptable

Post-repair calibration only	
Were prior test results affected due to the malfunction?	<input type="checkbox"/> No <input type="checkbox"/> Yes: If Yes QIM# for investigation and follow-up _____
Is other equipment similarly affected by this malfunction?	<input type="checkbox"/> No <input type="checkbox"/> Yes: If Yes QIM# for investigation and follow-up _____

Performed by/Date: _____
 Reviewed by/Date: _____