6 MONTH --- SHIGELLA TYPING QUALITY CONTROL

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| --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Group:** | **QC Organism:** | **Antisera Lot & Exp. Date:** | **+** | **-** | **Corrective Action & Initials:** |
|  | A | POS: S. dysenteriaeNEG: |  |  |  |  |
|  | B | POS: S. flexneriNEG: |  |  |  |  |
|  | C | POS: S. boydiiNEG: |  |  |  |  |
|  | D | POS: S. sonneiNEG: |  |  |  |  |

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|  | D | POS: S. sonneiNEG: |  |  |  |  |

For POS QC, use the organism listed. For NEG QC use a different group of Shigella spp. (e.g. NEG for group D = group B). List the organism used. If a QC failure occurs, document observation, record corrective action, notify supervisor, and contact BD Technical Services.

QC Organisms: G45 - Group A (S. dysenteriae)

 G43 - Group B (S. flexneri)

 G44 - Group C (S. boydii)

 G22 - Group D (S. sonnei)

Reviewed: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_