**RVP Wipe Testing Worksheet Month:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Refer to procedure [MB 3.02](http://khan.childrensmn.org/Manuals/Lab/SOP/MolBio/EngCtl/212213.pdf) *Wipe Testing for Amplicon or Nucleic Acid Contamination* for collection instructions and additional information.

**Frequency**: Monthly if no contamination is detected.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Collect date | Test date | Swab No. | Environmental Location\*\* | Results | Tech |
|  |  | 1 | BSC Hood surface, vortex, pipettes, rm 1 |  |  |
|  |  | 2 | BSC Hood surface, vortex, pipettes, rm 2 |  |  |
|  |  | 3 | EasyMag instrument (inc. tray & rack), counter surface, processing rm 2 |  |  |
|  |  | 4 | Freezer handle, chair seat and back, rm 3 |  |  |
|  |  | 5 | UVP Hood surface/vortex/pipettes, rm 3 |  |  |
|  |  | 6 | Mini-centrifuge, Thermocycler, surrounding counter rm 3 |  |  |

\*\* *Test expanded environmental sites during a contamination event*

**Problem:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Corrective Action**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Reviewed by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_