**Group A Strep (GAS) 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\*\* | PCR results | Tech |
|  |  | 1 | BSC Hood surface, vortex, pipettes, rm 1 |  |  |
|  |  | 2 | BSC Hood surface, vortex, pipettes, rm 2 |  |  |
|  |  | 3 | Fridge handle and processing counter, rm2 |  |  |
|  |  | 4 | Simplexa instruments, keyboard, mouse, rm3 |  |  |

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

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

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

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