RVP Monthly QC Worksheet

# Reagent/Kit: \_\_\_\_\_\_*eSensor XT-8 RVP Control Panel\_\_\_\_\_*Catalog #: \_M243\_\_

**Record Both Lot numbers used for testing:**

RVP kit Lot #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date \_\_\_\_\_\_\_\_\_\_ Receive Date \_\_\_\_\_\_\_\_\_

RVP Control Panel Lot # \_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date \_\_\_\_\_\_\_\_\_\_ Receive Date \_\_\_\_\_\_\_\_\_

If a QA failure occurs, document observation, record corrective action and notify section technical director or designee. I f problem cannot be resolved, contact:

1. GenMark Technical support @ **1.800.373.6767**
2. Maine Molecular Quality Controls technical support @ **1.207.885.1072**

**Expected Results:**

Negggeg

Posss

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Target | | Control M244  nA signal (Purple) | Control M245  nA signal (Red) | Result Pass/Fail | Comments/Tech  Date |
| 1 | Influenza A |  |  | P or F |  |
| 2 | Influenza A H1 |  | **-----** | P or F |  |
| 3 | Influenza A H3 |  | **-----** | P or F |  |
| 4 | Influenza A 2009 H1N1 |  |  | P or F |  |
| 5 | Influenza B |  |  | P or F |  |
| 6 | RSV A |  |  | P or F |  |
| 7 | RSV B |  |  | P or F |  |
| 8 | PIV 1 |  |  | P or F |  |
| 9 | PIV 2 |  |  | P or F |  |
| 10 | PIV 3 |  |  | P or F |  |
| 11 | PIV 4 |  |  | P or F |  |
| 12 | hMPV |  |  | P or F |  |
| 13 | HRV |  |  | P or F |  |
| 14 | Adenovirus B/E |  |  | P or F |  |
| 15 | Adenovirus C |  |  | P or F |  |
| 16 | CoV 229E |  |  | P or F |  |
| 17 | CoV NL63 |  |  | P or F |  |
| 18 | CoV HKU1 |  |  | P or F |  |
| 19 | CoV OC43 |  |  | P or F |  |
| 20 | IC | P or F | P or F |  |  |

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

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

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