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| TEST NAME:\_**Fetal Screen**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |  | | | | |
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| **NEW KIT** | |  |  |  | **OLD Controls** | | | | | |  | | | | |
| **DATE:** |  | **Ab reagent** | **Enhancement** | **Indicator Cells** | **Positive** | | **Negative** | | | | **NOTES** | | | | |
|  | Lot # |  |  |  |  | |  | | | |  | | | | |
|  | Exp Date |  |  |  |  | |  | | | |  | | | | |
|  | RESULTS |  |  |  |  | |  | | | |  | | | | |
| **TECH:** |  | ACCEPTABLE \_\_\_\_\_ (Agglutination of Positive control and no agglutination of Negative control) | | | | | | | | |  | | | | |
|  |  | NOT ACCEPTABLE \_\_\_\_\_ (No agglutination of Positive control and/or agglutination of Negative control) | | | | | | | | | | | | | |
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| **OLD KIT** | |  |  |  | **NEW Controls** | | | | | |  | | | | |
| **DATE:** |  | **Ab reagent** | **Enhancement** | **Indicator Cells** | **Positive** | | **Negative** | | | | **NOTES** | | | | |
|  | Lot # |  |  |  |  | |  | | | |  | | | | |
|  | Exp Date |  |  |  |  | |  | | | |  | | | | |
|  | RESULTS |  |  |  |  | |  | | | |  | | | | |
| **TECH:** |  | ACCEPTABLE \_\_\_\_\_ (Agglutination of Positive control and no agglutination of Negative control) | | | | | | | | |  | | | | |
|  |  | NOT ACCEPTABLE \_\_\_\_\_ (No agglutination of Positive control and/or agglutination of Negative control) | | | | | | | | | | | | | |
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| **NEW KIT** | |  |  |  | **OLD Controls** | | | | | |  | | | | |
| **DATE:** |  | **Ab reagent** | **Enhancement** | **Indicator Cells** | **Positive** | | **Negative** | | | | **NOTES** | | | | |
|  | Lot # |  |  |  |  | |  | | | |  | | | | |
|  | Exp Date |  |  |  |  | |  | | | |  | | | | |
|  | RESULTS |  |  |  |  | |  | | | |  | | | | |
| **TECH:** |  | ACCEPTABLE \_\_\_\_\_ (Agglutination of Positive control and no agglutination of Negative control) | | | | | | | | |  | | | | |
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| **OLD KIT** | |  |  |  | **NEW Controls** | | | | | |  | | | | |
| **DATE:** |  | **Ab reagent** | **Enhancement** | **Indicator Cells** | **Positive** | | **Negative** | | | | **NOTES** | | | | |
|  | Lot # |  |  |  |  | |  | | | |  | | | | |
|  | Exp Date |  |  |  |  | |  | | | |  | | | | |
|  | RESULTS |  |  |  |  | |  | | | |  | | | | |
| **TECH:** |  | ACCEPTABLE \_\_\_\_\_ (Agglutination of Positive control and no agglutination of Negative control) | | | | | | | | |  | | | | |
|  |  | NOT ACCEPTABLE \_\_\_\_\_ (No agglutination of Positive control and/or agglutination of Negative control) | | | | | | | | | | | | | |
| If "not acceptable" note in defects and deficiency log and use appropriate corrective measures as note in Policy | | | | | | | | | | | | | | |  | |
| and Procedure manual under Quality Control. in kit controls will be used for parallel testing | | | | | | | | | | | | | | | | |
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| **Per Kit** | | | | | |  | |  |  |  | |  |  |  |  | |