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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) |
|  |  |  |  |  |  |  |  |
| **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 |
| . |  |  |  |  |  |  |
| **Per Kit** |  |  |  |  |  |  |  |  |