TRAINING UPDATE

Lab Location:FWMCDate Distributed:10/25/2021Department:Core LabDue Date:11/25/2021

DESCRIPTION OF REVISION

Name of procedure:

Form #	Form Title
AG.FW16	MedtoxScan Drugs of Abuse Test QC Log
AG.FW17	Strep A Dipstick (Screening Test) QC Log
AG.FW18	Rapid Respiratory Syncytial Virus (RSV) QC Log
AG.FW19	Influenza A B (BD Veritor) QC Log
AG.FW20	Sure-Vue Serum and Urine HCG STAT Test QC Log
AG.FW21	Remel Color Slide II Mononucleosis QC Log
AG.FW22	HIV-1/2 Ag-Ab Combo QC Log

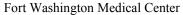
Description of change(s):

These are new logs intended to capture patient results and the required QC results for each test -

- The top of each form lists the required QC frequency for that test as stated in SOP.
- The chart on each form is designed to match the required elements for recording patient and QC results for that test.

These forms will be implemented on October 25, 2021

Document your compliance with this training update by taking the quiz in the MTS system.





- 1. External Controls are performed once per week and with each new lot of devices.
- 2. **Internal controls** must be documented each time the test is performed.
- 3. If QC results are not acceptable, document corrective action. Do not accept patient results before reviewing QC results for proper reactions.

Date	Patient Name /	Patient	D	Device		External Positiv	External Positive Control		External Negative Control	
	MR#	Result	Lot # / Exp	oire	Control Line (Y / N)	Lot # / Expire	Result	Lot # / Expire	Result	Code
Weekly re	l eview:			Weekly review	<u> </u> v:		Weekly r	review:		
Weekly re				Weekly review			Monthly review:			

AG.FW16.1



- 1. External Controls are performed with each new kit.
- 2. **Internal controls** must be documented each time a patient test is performed.
- 3. If QC results are not acceptable, document corrective action. Do not accept patient results before reviewing QC results for proper reactions.

Date	Patient Name /	Patient		Kit	Internal Control	External Positive Control		External Negative Control		Tech	
Date	MR#	Result	Lot # / Exp	oire	Red Control Line (Y / N)	Lot # / Expire	Result	Lot # / Expire	Result	Code	
Weekly re		•		Weekly review	v:	•		Weekly review:			
Weekly re	eview:			Weekly review	v:		Monthly	Monthly review:			



RAPID RESPIRATORY SYNCYTIAL VIRUS (RSV) QUALITY CONTROL LOG

Fort Washington Medical Center

- 1. External Controls are performed each day of patient testing, and with each new kit lot number or shipment received.
- 2. **Internal controls** must be documented each time the test is performed.
- 3. If QC results are not acceptable, document corrective action. Do not accept patient results before reviewing QC results for proper reactions.

Date	Patient Name / Patient MR# Result	Patient	Kit		Internal External Positive		ve Control	External Negat	tive Control	Tech
Date		Result	Lot # / Expire	Pos	Neg	Lot # / Expire	Result	Lot # / Expire	Result	Code
Weekly re	eview:		Wee	ekly review:			Weekly r	review:		<u> </u>
Weekly re				ekly review:						

INFLUENZA A B (BD VERITOR) QUALITY CONTROL LOG

Fort Washington Medical Center

- 1. External Controls are performed each day of patient testing, and with each new kit lot number or shipment received.
- 2. **Internal controls** must be documented each time the test is performed.
- 3. If QC results are not acceptable, document corrective action. Do not accept patient results before reviewing QC results for proper reactions.

Patient Name /	Patient	I	Kit			External Positi	ve Control	External Negative Control		Tech	
MR#	Result	Lot # / Expi	re	Pos	Neg	Lot # / Expire	Result	Lot # / Expire	Result	Code	
<u> </u>											
Weekly review: Weekly review:			Weekly review:								
	MR#	MR# Result	MR# Result Lot # / Expi	MR# Result Lot # / Expire Veriew: Weekly review	Patient Name / Result Lot # / Expire Pos	Patient Name / Result	Patient Name / Result Lot # / Expire Pos Neg Lot # / Expire Lot # / Expire Weekly review:	Patient Name / MR# Result Lot # / Expire Pos Neg Lot # / Expire Result Result Weekly review: External Positive Control External Positive Control External Positive Control Result Result Weekly review: Weekly review: Weekly review: Weekly review: Weekly review: Weekly review:	Patient Name / MR# Patient Result Control External Positive Control External Positive Control External Regard	Patient Name / MR# Result Lot # / Expire Pos Neg Lot # / Expire Result Lot # / Expire Result Lot # / Expire Pos Neg Lot # / Expire Result Lot # / Expire Result Lot # / Expire Pos Neg Lot # / Expire Result Lot # / Expire Result Result Lot # / Expire Result Lot # /	

AG.FW19.1

SURE – VUE SERUM and URINE HCG QUALITY CONTROL LOG

Fort Washington Medical Center

- 1. External Controls are performed each day of patient testing.
- 2. **Internal controls** must be documented each time a patient test is performed.
- 3. If QC results are not acceptable, document corrective action. Do not accept patient results before reviewing QC results for proper reactions.

Date	Patient Name /	Patient		Kit	Internal Control	External Positive Control		External Negative Control		Tech	
Date	MR#	Result	Lot # / Exp	oire	Red Control Line (Y / N)	Lot # / Expire	Result	Lot # / Expire	Result	Code	
Weekly re		•		Weekly review	v:	•		Weekly review:			
Weekly re	eview:			Weekly review	v:		Monthly	Monthly review:			

AG.FW20.1



REMEL COLOR SLIDE II MONONUCLEOSIS QUALITY CONTROL LOG

- 1. External Controls are performed each day of patient testing.
- 2. If QC results are not acceptable, document corrective action. Do not accept patient results before reviewing QC results for proper reactions.

Date	Patient Name / MR#	Patient	Kit	External Positi	ve Control	External Negative Control		Tech	
Date	Fatient Name / WIK#	Result	Lot # / Expire	Lot # / Expire	Result	Lot # / Expire	Result	Code	
Weekly re	eview:		Weekly review:			Weekly review:			
Weekly re	eview:		Weekly review:		Monthly	Monthly review:			

HIV-1/2 Ag-Ab COMBO QUALITY CONTROL LOG

Fort Washington Medical Center

- 1. **Controls** are performed each day of patient testing.
- 2. If QC results are not acceptable, document corrective action. Do not accept patient results before reviewing QC results for proper reactions.

Date	Patient Name / MR#	Patient	Kit	HIV-1 Antigen	HIV-1 Reactive	HIV-2 Reactive	Nonreactive	Tech
		Result	Lot # / Expire	Control	Control	control	Control	Code
Weekly re	eview:		kly review:	l	Weekly revie		ı	
Weekly re	eview:	Wee	ekly review:		Monthly revi	ew:		

AG.FW22.1 Created 10/2021