

## TRAINING UPDATE

**Lab Location:** FWMC  
**Department:** Core Lab

**Date Distributed:** 10/25/2021  
**Due 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-View 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.**

## MEDTOX SCAN DRUGS OF ABUSE TEST QUALITY CONTROL LOG

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 / MR#	Patient Result	Device	Internal Control	External Positive Control		External Negative Control		Tech Code
			Lot # / Expire	Control Line (Y / N)	Lot # / Expire	Result	Lot # / Expire	Result	
Weekly review:			Weekly review:			Weekly review:			
Weekly review:			Weekly review:			Monthly review:			

## STREP A DIPSTICK (SCREENING TEST) QUALITY CONTROL LOG

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 / MR#	Patient Result	Kit	Internal Control	External Positive Control		External Negative Control		Tech Code
			Lot # / Expire	Red Control Line (Y / N)	Lot # / Expire	Result	Lot # / Expire	Result	
Weekly review:			Weekly review:			Weekly review:			
Weekly review:			Weekly review:			Monthly review:			

## RAPID RESPIRATORY SYNCYTIAL VIRUS (RSV) QUALITY CONTROL LOG

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 / MR#	Patient Result	Kit	Internal Control		External Positive Control		External Negative Control		Tech Code
			Lot # / Expire	Pos	Neg	Lot # / Expire	Result	Lot # / Expire	Result	
Weekly review:			Weekly review:			Weekly review:				
Weekly review:			Weekly review:			Monthly review:				

## INFLUENZA A B (BD VERITOR) QUALITY CONTROL LOG

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 / MR#	Patient Result	Kit	Internal Control		External Positive Control		External Negative Control		Tech Code
			Lot # / Expire	Pos	Neg	Lot # / Expire	Result	Lot # / Expire	Result	
Weekly review:			Weekly review:			Weekly review:				
Weekly review:			Weekly review:			Monthly review:				

### SURE – VUE SERUM and URINE HCG QUALITY CONTROL LOG

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 / MR#	Patient Result	Kit	Internal Control	External Positive Control		External Negative Control		Tech Code
			Lot # / Expire	Red Control Line (Y / N)	Lot # / Expire	Result	Lot # / Expire	Result	
Weekly review:			Weekly review:			Weekly review:			
Weekly review:			Weekly review:			Monthly review:			

## 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 Result	Kit	External Positive Control		External Negative Control		Tech Code
			Lot # / Expire	Lot # / Expire	Result	Lot # / Expire	Result	
Weekly review:			Weekly review:		Weekly review:			
Weekly review:			Weekly review:		Monthly review:			

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 Result	Kit	HIV-1 Antigen Control	HIV-1 Reactive Control	HIV-2 Reactive control	Nonreactive Control	Tech Code
			Lot # / Expire					
Weekly review:		Weekly review:			Weekly review:			
Weekly review:		Weekly review:			Monthly review:			