**Cell Washer Daily QC Form**

Equipment Name: Equipment No: .

Month/Year: Location: Saline Cube Lot #/ Open exp date: .

Dispensed Volume Acceptable Range: 53.6—59.2 ml (56.4ml expected)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** |  **Dispensed Volume(ml)** | **Saline in date?****Y/N** | **Daily QC performed** | **Weekly QC performed** | **Monthly QC performed** | **Comments / saline cube change recorded** | **Tech ID** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
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Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Monthly Review performed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.