**Cell Washer Daily QC Form**

Equipment Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year: Location: \_\_\_\_\_\_\_\_\_\_

SI Equipment No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SI Maintenance Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Saline Expiration Date** | **Daily QC Performed** | **Tech ID** | **Weekly QC Performed** | **Tech ID** | **Monthly QC Performed** | **Vol. (ml)** | **Tech ID** | **Comments / Record New Saline Cube Lot Number** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
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| 14 |  |  |  |  |  |  |  |  |  |
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| 29 |  |  |  |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |  |  |  |
| 31 |  |  |  |  |  |  |  |  |  |

**KEY**: ✓– Performed, SC – See Comments, EB – Explained on Back, LE – Late Entry

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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