Additional Manual Reagent QC Form

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Antisera** | Anti- | Anti- | Anti- | Anti- | Anti- | Anti- |
| Manufacturer |  |  |  |  |  |  |
| Lot Number |  |  |  |  |  |  |
| Expiration Date |  |  |  |  |  |  |
| **Phase of Testing** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Positive Control** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manufacturer |  |  |  |  |  |  |
| Lot Number |  |  |  |  |  |  |
| Expiration Date |  |  |  |  |  |  |
| Cell Number |  |  |  |  |  |  |
| **Negative Control** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manufacturer |  |  |  |  |  |  |
| Lot Number |  |  |  |  |  |  |
| Expiration Date |  |  |  |  |  |  |
| Cell Number |  |  |  |  |  |  |
| **Appearance Acceptable** | Y | N | Y | N | Y | N | Y | N | Y | N | Y | N |
| **Performance Acceptable** | Y | N | Y | N | Y | N | Y | N | Y | N | Y | N |
| **New Lot or New Shipment** | Y | N | Y | N | Y | N | Y | N | Y | N | Y | N |
| Tested By |  |  |  |  |  |  |
| Reviewed By |  |  |  |  |  |  |

Manufacturer Code: B = Bio-Rad, I = Immucor, O = Ortho, Q = Quotient, ARC = American Red Cross

*Phase of Testing: IS, RT, 37C, AHG, CC* **Reviewed by: \_\_\_\_\_\_\_\_\_\_**

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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