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| **Procedure** | **VA XXX.XX.X****AREA** |
| **Written by/date:**  |
| **Medical Director approval/date:** |
| **Annual Review/date:**  |
| **Annual Review/date:** |
| **Annual Review/date:** |
| **Annual Review/date:** |
| **Revised/date:**  |
| **Supersedes: Original** |

**I. INTRODUCTION**

**II. EXPLANATION OF TEST**

**III. PRINCIPLE**

**IV.** **EQUIPMENT, REAGENTS AND MATERIALS**:

1. Equipment
2. Reagents
3. Refrigerated Reagents
4. Room Temperature Reagents
5. Preparation of Reagents

1. Storage of Refrigerated Reagents
2. Storage of Room Temperature Reagents

 C. Materials

**V. SPECIMEN COLLECTION, HANDLING & STORAGE**

1. Acceptability

B. Collection

1. Handling

D. Storage

**VI. SAFETY**

**VII. MAINTENANCE**

1. Daily
2. Weekly
3. Monthly
4. Quarterly
5. Semi-Annual
6. As Needed

**VIII. CALIBRATION**

**VIII. QUALITY CONTROL**

**IX. PROCEDURE**

# **X. INTERPRETATION AND Reporting Results**

**XI. LIMITATIONS**

**XII. STATISTICS**

**XIII. REFERENCES**