Laboratory

Quality Assurance Report

# QC Deviation Report Testing Deviation Report

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| Technologist:       Date: |
| Lab Area/Bench: |
| Reagent/Instrument (if applicable): |
| Lot #/Expiration Date |
| Problem Observed and Analysis: |
|  |
| Resolution & Corrective Action: |
|  |
| Date of Correction: |
|  |

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lead Tech, Supervisor

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| Corrective Action Follow Up: Was Corrective Action Effective?  YES  NO (Repeat/Revise Corrective Action) |
| Additional Comments-Attach additional pages if necessary |

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| --- | --- | --- | --- |
|  | Printed Name | Signature | Date |
| Reviewed By: |  |  |  |