**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)
* Sorvall: Dispensed Volume Acceptable Volume: 54ml

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| **Date** |  **Dispensed Volume(ml)** | **Saline Expiration Date** | **Daily QC performed** | **Weekly QC performed** | **Monthly QC performed** | **Comments / Record new saline cube Lot #** | **Tech ID** |
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**KEY**: SC – See Comments, EB – Explained on Back, LE – Late Entry

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

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