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 | |
| Tested By |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |
| Reviewed By |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |

Manufacturer Code: B = Bio-Rad, I = Immucor, O = Ortho, Q = Quotient

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

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

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