## Adventist HealthCare

○ Shady Grove Medical Center○ White Oak Medical Center

Reagent Receipt QC	R.	Reagent Receipt QC	R	Reagent Receipt QC
Reagent FMH Rapid Schuh	Reagent	FMH Rapid Schen	n Reagent	
Manufacturer I MM LUY	Manufacturer	Immuw	Manufacturer	
Lot Number 15237A	Lot Number	15237A	Lot Number	
Expiration Date (6.19.20)	Expiration Date	6.19.20	Expiration Date	
Kit* Lot Number	Kit* Lot Number	NA	Kit* Lot Number	
Kit* Expiration Date	Kit* Expiration Date	NA	Kit* Evniration Data	
Received Date 5.15.20 Tech SC	Received Date	S (S 7) Tach SC	Received Date	Tach
Quantity Received 2	Quantity Received	2	Quantity Received	
Testing Date Tech	Testing Date	Tech	Testing Date	Tech
In Use Date	In Use Date		in Use Date	
□ Check (1) If QC performed on the Echo and QC acceptable DO NOT USE REAGENTS WITH UNACCEPTABLE QC		□ Check (v) If QC peformed on the Echo and QC acceptable DO NOT USE REAGENTS WITH UNACCEPTABLE QC	□ Check (√) If QC p	☐ Check (1) If QC peformed on the Echo and QC acceptable DO NOT USE REAGENTS WITH UNACCEPTABLE QC
Control Manual 5/	Accept? Contro! Manual	) Jac	Control	
Capture IS RT AHG	Ž	RT AHG CC	Y/N ID Capture	IS RT AHG CC
1363 PGS (25 MOXIES	·S) POS	P65 (25 10 Selfes)		
1522   neg (24) yose	Hes) neg	heal(=4 roseHs)		
119/s   PUS (25 MSE)	(54			
"heb Lay lose	HS)			

2. Kit\* lot number and expiration date are ONLY required for A1 and B cells, Capture R Controls, and Sickle Controls (List and QC each bottle separately)

Reviewed by:
Date:

AG.F152.4