Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Operator(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date** | **Operator Initials** | **QC**  **Code** | **Temp** | **Test Device** | | **Control Pack** | | **Reactive**  **HIV-1 Control** | | | **Reactive**  **HIV-2 Control** | | | **Non-reactive**  **Control** | | | **Result Acceptable?** | |
| **Lot # on test device** | **Exp date** | **Lot #**  **on Control Pack Box** | **Exp date** | Start time | End Time | Circle  Result | Start time | End Time | Circle  Result | Start time | End time | Circle  Result |
|  |  |  |  |  |  |  |  |  |  | **R N I** |  |  | **R N I** |  |  | **R N I** | **Y** | **N** |
|  |  |  |  |  |  |  |  |  |  | **R N I** |  |  | **R N I** |  |  | **R N I** | **Y** | **N** |
|  |  |  |  |  |  |  |  |  |  | **R N I** |  |  | **R N I** |  |  | **R N I** | **Y** | **N** |
|  |  |  |  |  |  |  |  |  |  | **R N I** |  |  | **R N I** |  |  | **R N I** | **Y** | **N** |
|  |  |  |  |  |  |  |  |  |  | **R N I** |  |  | **R N I** |  |  | **R N I** | **Y** | **N** |
|  |  |  |  |  |  |  |  |  |  | **R N I** |  |  | **R N I** |  |  | **R N I** | **Y** | **N** |
|  |  |  |  |  |  |  |  |  |  | **R N I** |  |  | **R N I** |  |  | **R N I** | **Y** | **N** |
| **QC Code** (reason for running external controls)   1. New setting 2. New operator 3. New test kit lot 4. New test kit shipment 5. Environmental change – temp outside range in storage area 6. Environmental change – temp outside range in testarea 7. Scheduled, periodic test 8. Other (document reason on back) | | | | | | | | | | **R** – reactive  **N** – non-reactive  **I** - invalid | | **Acceptable Results**  Non-reactive, reactive HIV-1, and reactive HIV-2 controls must yield correct results. If any one of the three yields an incorrect result, the results are unacceptable.  **DO NOT conduct any tests until the problem is resolved.**  Document the problem and corrective action taken on the back of this form. | | | | | | |

Initial Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_ Final Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/ \_\_\_\_\_\_/ \_\_\_\_\_\_

**Signature Date Signature Date**