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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | CircleResult | Start time | End Time | CircleResult | Start time | End time | CircleResult |
|  |  |  |  |  |  |  |  |  |  | **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**