BC Centre for Disease Control

PHSA Laboratories
BCCDC Public Health Laboratory
A service of the Provincial Health Services Authority

HIV Point of Care Test (INSTI™) Quality Control Log

Testing site: _____

Date of Quality Control *dd/mm/yyyy*	**Tester Initials**	**Quality Control Material** *Negative, Positive HIV-1*	**Quality Control Lot Number** *(On Vial)*	**POC Test Lot Number** *(On Back of Kit Package)*	**POC Test Result** *Reactive Non-reactive Invalid*	**POC Test performs as expected** *(Yes, No)*	**Notes / Comments** **Reason for testing (from numbers below)**	**Site Lead Review Initial**

1. Receive new shipment
2. Invalid client result X 2
3. New tester, before they start testing
4. At regular intervals - monthly
5. Change to new lot number
6. Trouble-shooting
7. Temperature out of range (below 2°C or above 30°C)

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