

Facility:

Location:

Quality Control Log – Qualitative Test

Tech Initials	Date	Test Name	Test Lot number / Test Exp. Date	Negative Control		Positive Control		Mid- Range Control (if applicable)	Comments	Reviewed by Initials / Date
				lot #:	result:	lot #:	result:			
1				lot #:		lot #:		lot #:		
				result:		result:		result:		
2				lot #:		lot #:		lot #:		
				result:		result:		result:		
3				lot #:		lot #:		lot #:		
				result:		result:		result:		
4				lot #:		lot #:		lot #:		
				result:		result:		result:		
5				lot #:		lot #:		lot #:		
				result:		result:		result:		
6				lot #:		lot #:		lot #:		
				result:		result:		result:		
7				lot #:		lot #:		lot #:		
				result:		result:		result:		
8				lot #:		lot #:		lot #:		
				result:		result:		result:		
9				lot #:		lot #:		lot #:		
				result:		result:		result:		
10				lot #:		lot #:		lot #:		
				result:		result:		result:		