Point-of-Care Testing Program
JOHNS HOPKINS PATHOLOGY
Johns Hopkins Medical Institutions

HCV Rapid Antibody QC Log Sheet: OraQuick® HCV Rapid Antibody Test

Site Location: _____   **Month/Year:** _____   **Frequency (external):** Weekly and/or when opening new box
Frequency (internal): Every test to determine acceptability

Date	Time	JHED ID	Test Kit		Controls				Testing		QC				Comments
			Lot #	Exp Date	Control ID *(Neg)* *(Pos)*	Lot #	Open Date	Exp Date	Time Test Started	Time Test Finished	Result *(Expected Neg=NR)* *(Expected Pos=R)*	'C' Present *(Y/N)*	Pass (√)	Fail (√)	

Failed Quality Control Documentation

Date	Problem	Corrective Action	Counselor #	Reviewed By:

Rev 02/2020