



# CLEARVIEW® COMPLETE REACTIVE/NONREACTIVE CONTROL LOG

NORTH DAKOTA DEPARTMENT OF HEALTH  
 DIVISION OF DISEASE CONTROL  
 SFN 59072 (10-09)

<b>Facility Name</b>		<b>Date</b>	
<b>Street Address</b>		<b>City</b>	<b>Zip Code</b>
<b>Contact Person</b>		<b>Telephone Number</b>	
<p><b>Return a copy of this form every 6 months to:</b>          North Dakota Department of Health          Division of Disease Control          2635 East Main Ave          Bismarck, ND 58506          Fax Number: 701.328.2499          --or--          Send in a copy with the HIV Test Forms</p> <p><b>Contact the HIV Prevention Coordinator with any questions or concerns at 701.328.1059 or 800.472.2180</b></p>		<ol style="list-style-type: none"> <li>1. Please complete this form when performing the Clearview Complete Reactive/Nonreactive Controls.</li> <li>2. Run the kit controls under the following circumstances:             <ul style="list-style-type: none"> <li>• Each new operator prior to performing tests on patient specimens, <b>(O)</b></li> <li>• When opening a new test Kit lot, <b>(L)</b></li> <li>• Whenever a new shipment of test Kits is received, <b>(S)</b></li> <li>• If the temperature of the test storage area falls outside of 8° to 30°C (46° to 86°F), <b>(T)</b></li> <li>• If the temperature of the testing area falls outside of 18° to 30°C (64° to 86°F), <b>(T)</b></li> <li>• At least once a month. <b>(M)</b></li> </ul> </li> <li>3. If the HIV control reagents do not produce the expected results, the test should be repeated with a new test device. If they still do not produce the expected results, contact Inverness Medical Technical Support at (800) 637-3717 and the HIV Prevention Coordinator.</li> <li>4. Document any action taken on the back of this form.</li> </ol>	

Name of Person Performing Controls	Date	Reason for Performing Controls (O, L, M, S, T)	Lot Number	Controls	Result
				HIV 1 Reactive HIV 2 Reactive Nonreactive	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative
				HIV 1 Reactive HIV 2 Reactive Nonreactive	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative
				HIV 1 Reactive HIV 2 Reactive Nonreactive	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative
				HIV 1 Reactive HIV 2 Reactive Nonreactive	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative
				HIV 1 Reactive HIV 2 Reactive Nonreactive	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative
				HIV 1 Reactive HIV 2 Reactive Nonreactive	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative
				HIV 1 Reactive HIV 2 Reactive Nonreactive	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative
				HIV 1 Reactive HIV 2 Reactive Nonreactive	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative
				HIV 1 Reactive HIV 2 Reactive Nonreactive	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative
				HIV 1 Reactive HIV 2 Reactive Nonreactive	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative