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## HIV/HCV RAPID TEST REACTIVE/NONREACTIVE CONTROL LOG

NORTH DAKOTA DEPARTMENT OF HEALTH DIVISION OF DISEASE CONTROL SFN 59072 (8/2018)

Facility Name				Date			
Street Address				Zip Code			
Contact Person		Telephone Number					
Return a copy of this form every time controls are performed to: North Dakota Department of Health Division of Disease Control 2635 East Main Avenue P.O. Box 5520 Bismarck, N.D. 58506-5520 Fax Number: 701.328.0355  For any questions or concerns, contact the HIV.STD. Hepatitis Prevention Coordinator at 701.328.2366.		<ol> <li>Please complete this form when performing the Chembio SURE CHECK® HIV 1/2 and HCV OraQuick® Reactive/Nonreactive Controls.</li> <li>Run the kit controls under the following circumstances:         <ul> <li>Each new operator prior to performing tests on patient specimens, (O)</li> <li>When opening a new test kit lot, (L)</li> <li>Whenever a new shipment of test kits is received, (S)</li> <li>If the temperature of the test storage area falls outside(T):</li></ul></li></ol>					
Date	Reason for Performing Controls (O, L, M, S, T)	Test Lot Number & Expiration Date	Controls	Result	Control Lot Number	Control Expiration Date	Date Reported to Disease Control
			HIV 1 Reactive HIV 2 Reactive HIV Nonreactive HCV Reactive HCV Nonreactive HIV 1 Reactive HIV 2 Reactive HIV Nonreactive HCV Reactive HCV Reactive HCV Nonreactive HIV 1 Reactive HIV 2 Reactive HIV 2 Reactive HIV Nonreactive HCV Reactive HCV Reactive HCV Reactive HCV Nonreactive HIV 1 Reactive HCV Reactive HCV Reactive HCV Reactive HCV Reactive HCV Nonreactive	Positive Negative			
	ormed to: artment of e Control venue 3506-5520 .328.0355 s or conce atitis Prev 11.328.236	responded to: cartment of Health	this form every time ormed to: artment of Health e Control venue  3506-5520 .328.0355  s or concerns, contact latitis Prevention 11.328.2366.  Reason for Performing Controls (O. I. M. S. T.)  Reason for Performing Controls (O. I. M. S. T.)  Test Lot Number & Expiration	Telephone Number  1. Please complete this for and HCV OraQuick® Reactive HIV Nonreactive HIV Nonreactive HIV Nonreactive HIV Nonreactive HCV Reactive HIV Nonreactive HCV Reactive HIV Nonreactive HCV Reactive HIV Nonreactive HCV Reactive HIV Nonreactive HCV Reactive HIV Nonreactive HCV Reactive HIV Nonreactive HCV Reactive HIV Nonreactive HCV Reactive HCV Nonreactive HCV Reactive HCV Nonreactive HCV Reactive HCV Nonreactive HCV Reactive HC	Telephone Number	Telephone Number  Telephone Number  1. Please complete this form when performing the Chembio SURI and HCV OraQuick® Reactive/Nonreactive Controls. 2. Run the kit controls under the following circumstances: • Each new operator prior to performing tests on patient species. • Each new operator prior to performing tests on patient species. • Each new operator prior to performing tests on patient species. • Each new operator prior to performing tests on patient species. • Each new operator prior to performing tests on patient species. • Each new operator prior to performing tests on patient species. • Each new operator prior to performing tests on patient species. • Each new operator prior to performing tests on patient species. • Each new operator prior to performing new test stitus (L) • When opering a new test kitol. (L) • When opering a new test kitol. (L) • When opering a new test storage area falls outside (T): HIV SURE CHECK® Tests: 18 to 30°C (84° to 86°F) HCV OraQuick® Test: 15° to 30°C (84° to 86°F) • If the temperature of the testing area falls outside (T): HIV SURE CHECK® Test: 18° to 30°C (64° to 86°F) HCV OraQuick® Test: 15° to 30°C (84° to 86°F) • At least once every six (6) months. (M)  3. Form shall be submitted to the HIV.STD.Hepatitis Prevention C seven days of control performance. Submit forms via email or 1. • At least once every six (6) months. (M)  3. Form shall be submitted to the HIV.STD.Hepatitis Prevention Coordinator. can be directed to Chembio at 1.844.CHEMBIO (1.844.243.624 questions or Orasure at 1.800.ORASURE (1.800.672.7873).   Test Lot Number & Controls Expiration Date  Reason for Performing Performance Submit forms via email or 1.844.CHEMBIO (1.844.243.624 questions or Orasure at 1.800.ORASURE (1.800.672.7873).  Control Lot Number HIV 2 Reactive	Telephone Number  1. Please complete this form when performing the Chembio SURE CHECK® and HCV OraQuick® Reactive/Nonreactive Controls.  2. Run the kit controls under the following circumstances:  • Each new operator prior to performing tests on patient specimens, (O)  • When opening a new test kit lot, (L)  • Whenever a new shipment of test kits is received, (S)  • If the temperature of the test storage area falls outside(T):  HIV SURE CHECK® Test: 2° to 30°C (46° to 86°F)  HCV OraQuick® Test: 2° to 30°C (46° to 86°F)  HCV OraQuick® Test: 1° to 30°C (64° to 86°F)  • If the temperature of the test storage area falls outside (T):  HIV SURE CHECK® Test: 18° to 30°C (64° to 86°F)  • At least once every six (6) months. (M)  3. Form shall be submitted to the HIV STD. Hepatitis Prevention Coordinator seven days of control performance. Submit forms via email or fax to 701.3  4. If the HIV or HCV control reagents do not produce the expected results, the should be repeated with a new test device. If they still do not produce the results, contact the HIV.STD. Hepatitis Prevention Coordinator. Additional can be directed to Chembio at 1.844.CHEMBIO (1.844.243.6246) for HIV a questions or Orasure at 1.800.ORASURE (1.800.672.7873).  Test  Lot  Performing Controls  Result  Reason for Performing Controls  Result  Result  Result  Control Lot Number & Expiration Date  HIV 1 Reactive  HIV 2 Reactive  HIV 3 Reactive  HIV 1 Reactive  HIV 2 Reactive  HIV 2 Reactive  HIV 2 Reactive  HIV 3 Reactive  HIV 2 Reactive  HIV 3 Reactive  HIV 1 Reactive  HIV 2 Reactive  HIV 3 Reactive  HIV 3 Reactive  HIV 4 Reactive  HIV 3 Reactive  HIV 3 Reactive  HIV 4 Reactive  HIV 4 Reactive  HIV 8 Reactive  HIV 9 Reactive  H