



Daily Gel Card QC

Date: _____ Tech: _____ NIU: _____

Reagent	Manufacturer (Circle)	Lot Number	Exp. Date (MM/DD/YYYY)
IgG Gel Card	BioRad/Werfen/		
Diluent	BioRad/Werfen/		
Antibody Screening Cells	BioRad/Werfen/		
CorQC Antisera	BioRad/Werfen/		
Negative Control Plasma	BioRad/Werfen/		

Positive QC			Negative QC		
Screening Cell I	Screening Cell II	Screening Cell III	Screening Cell I	Screening Cell II	Screening Cell III

Visual Inspection of Reagents

Acceptable Criteria: Acceptable Unacceptable
 Antisera: Clear with no particulate _____ _____
 RBCs: Clear with slight pink supernatant _____ _____

Performance of Reagents

Acceptable Criteria: Acceptable Unacceptable
 Positive Reactions: _____ _____
 Negative Reactions: _____ _____

Comments _____

Reviewed By: _____ Date: _____