Central California Blood Center

Sickle Cell Patient/Survey and QC Results

DATE: _____

		Expiration Date	Results	Tech
Kit Manufacturer and Lot #				
Positive Control Manufacturer and Lot#				
Negative Control Manufacturer and Lot#				

Unit Number/ Survey I.D.	Results	Technologist

REVIEWED BY: _____ DATE: _____

Form 5.600

Rev: 09/01/09