

External Deionized Water QC Worksheet

LifeSouth Community Blood Centers

Directions: Collect samples in sterile containers using aseptic technique. Complete the Location and Time sampled columns below. Samples must be transported at 2 -8°C and must be received within 24 hours of collection.	Date Sampled:	Sampled by:
	Send results to (email or fax):	
	Email Request form to QC@lifesouth.org prior to sending samples.	

Completed by QC lab: Samples received within 24 hours at 2 -8°C? <input type="checkbox"/> Yes <input type="checkbox"/> No. Notify requesting facility samples are unacceptable.	Date and Time:	Tech:
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Incubator Temperature: _____ °C	In Range (22.5 ± 2.5°C)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Incubation Date/Time:	Tech:
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Completed by Submitting Facility:		Completed by QC lab:		
Location	Time Sampled	Day 5 Reading	Day 7 Reading	Decision
		Reading Tech:	Reading Tech:	
		Date:	Date:	
		Time:	Time:	
		<input type="checkbox"/> No Growth <input type="checkbox"/> Growth: _____ CFU	<input type="checkbox"/> No Growth <input type="checkbox"/> Growth: _____ CFU	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<input type="checkbox"/> N/A		<input type="checkbox"/> No Growth <input type="checkbox"/> Growth: _____ CFU	<input type="checkbox"/> No Growth <input type="checkbox"/> Growth: _____ CFU	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<input type="checkbox"/> N/A		<input type="checkbox"/> No Growth <input type="checkbox"/> Growth: _____ CFU	<input type="checkbox"/> No Growth <input type="checkbox"/> Growth: _____ CFU	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<input type="checkbox"/> N/A		<input type="checkbox"/> No Growth <input type="checkbox"/> Growth: _____ CFU	<input type="checkbox"/> No Growth <input type="checkbox"/> Growth: _____ CFU	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<input type="checkbox"/> N/A		<input type="checkbox"/> No Growth <input type="checkbox"/> Growth: _____ CFU	<input type="checkbox"/> No Growth <input type="checkbox"/> Growth: _____ CFU	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<input type="checkbox"/> N/A		<input type="checkbox"/> No Growth <input type="checkbox"/> Growth: _____ CFU	<input type="checkbox"/> No Growth <input type="checkbox"/> Growth: _____ CFU	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

Comments/Corrective Action:

Acceptability Criteria

	Satisfactory	Unsatisfactory
DI Water Cultures	≤10 CFU	>10 CFU

Reviewed and Results sent by: _____ Date: _____