

External Deionized Water QC Worksheet

LifeSouth Community Blood Centers

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|---|--|-------------|
| Directions: Collect samples in sterile containers using aseptic technique. Complete the Location and Time Sampled columns below. Samples must be transported at 2 to 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 Laboratory

| | | |
|---|-----------------------|-------|
| Samples received within 24 hours at 2 to 8°C? <input type="checkbox"/> Yes <input type="checkbox"/> No Notify requesting facility if samples are unacceptable. | Date/Time Received: | Tech: |
| Incubator Temperature: _____ °C In range (22.5 ± 2.5°C)? <input type="checkbox"/> Yes <input type="checkbox"/> No | Incubation Date/Time: | Tech: |

| Completed by Submitting Facility | | Completed by QC Laboratory | | | |
|----------------------------------|--------------|--|--|--|--|
| Location | Time Sampled | 24-Hour Reading | 48-Hour Reading | 72-Hour Reading | Interpretation |
| | | Reading Tech: | Reading Tech: | Reading Tech: | |
| | | Date: | Date: | Date: | |
| | | Time: | 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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: _____