AREA A

MODERATE-COMPLEXITY PROCEDURES			
TEST	QC REQUIREMENTS	QC FREQUENCY	
URINE MICROSCOPY	Abnormal	Each week of testing; more frequently if required by manufacturer	
MTM MEDIA	1. Check sterility	1. Each lot and shipment	
	2. Observe condition	2. Each shipment and each plate at time of use	
GC TESTING: 1. Oxidase 2. Gram Stain	 Positive and Negative Positive and Negative 	 Each <u>day</u> of use Each <u>week</u> of testing; at least monthly if no patient testing is performed; more frequently if required by stain manufacturer 	
WET MOUNT	Written procedure and proper training	Parallel testing with all assigned testing personnel twice per year	
SYPHILIS SEROLOGY	 Reactive, WR, and NR Needle Rotator speed Room temperature Timer 	 Each <u>day</u> of testing Once per vial of antigen, each new needle Each day of testing Each day of testing (and each batch) Once per month with patient testing 	
	WAIVED PROCEDURES		
TEST	QC REQUIREMENTS	QC FREQUENCY	
GLUCOSE	2 Levels	Each day of testing	
GLUCOSE HEMOGLOBIN	2 Levels 2 Levels	Each day of testing Each day of testing	
HEMOGLOBIN	2 Levels	Each day of testing Each new lot, new shipment, new employee, at least monthly with patient testing 1. Each week of testing and with each new can of strips 2. According to manufacturer's instructions, at	
HEMOGLOBIN HEMOGLOBIN A ₁ c URINE DIPSTICK 1. Visual/Manual Method	2 Levels 2 Levels 1. Normal and Abnormal	Each day of testing Each new lot, new shipment, new employee, at least monthly with patient testing 1. Each week of testing and with each new can of strips	
HEMOGLOBIN HEMOGLOBIN A ₁ c URINE DIPSTICK 1. Visual/Manual Method 2. Automated	2 Levels 2 Levels 1. Normal and Abnormal 2. Normal and Abnormal	Each day of testing Each new lot, new shipment, new employee, at least monthly with patient testing 1. Each week of testing and with each new can of strips 2. According to manufacturer's instructions, at least weekly with patient testing	
HEMOGLOBIN HEMOGLOBIN A ₁ c URINE DIPSTICK 1. Visual/Manual Method 2. Automated URINE PREGNANCY/hCG*	2 Levels 2 Levels 1. Normal and Abnormal 2. Normal and Abnormal Positive and Negative	Each day of testing Each new lot, new shipment, new employee, at least monthly with patient testing 1. Each week of testing and with each new can of strips 2. According to manufacturer's instructions, at least weekly with patient testing According to manufacturer's instructions	
HEMOGLOBIN HEMOGLOBIN A ₁ c URINE DIPSTICK 1. Visual/Manual Method 2. Automated URINE PREGNANCY/hCG* RAPID GROUP A STREP*	2 Levels 2 Levels 1. Normal and Abnormal 2. Normal and Abnormal Positive and Negative Positive and Negative	Each day of testing Each new lot, new shipment, new employee, at least monthly with patient testing 1. Each week of testing and with each new can of strips 2. According to manufacturer's instructions, at least weekly with patient testing According to manufacturer's instructions According to manufacturer's instructions	
HEMOGLOBIN HEMOGLOBIN A ₁ c URINE DIPSTICK 1. Visual/Manual Method 2. Automated URINE PREGNANCY/hCG* RAPID GROUP A STREP* RAPID INFLUENZA A/B*	2 Levels 2 Levels 1. Normal and Abnormal 2. Normal and Abnormal Positive and Negative Positive and Negative Positive and Negative	Each day of testing Each new lot, new shipment, new employee, at least monthly with patient testing 1. Each week of testing and with each new can of strips 2. According to manufacturer's instructions, at least weekly with patient testing According to manufacturer's instructions According to manufacturer's instructions According to manufacturer's instructions	
HEMOGLOBIN HEMOGLOBIN A ₁ c URINE DIPSTICK 1. Visual/Manual Method 2. Automated URINE PREGNANCY/hCG* RAPID GROUP A STREP* RAPID INFLUENZA A/B* RAPID SYPHILIS*	2 Levels 2 Levels 1. Normal and Abnormal 2. Normal and Abnormal Positive and Negative Positive and Negative Positive and Negative Positive and Negative Written procedure and	Each day of testing Each new lot, new shipment, new employee, at least monthly with patient testing 1. Each week of testing and with each new can of strips 2. According to manufacturer's instructions, at least weekly with patient testing According to manufacturer's instructions According to manufacturer's instructions According to manufacturer's instructions Each day of testing	

^{*}Internal performance monitor result must be recorded for each patient.

AREA B

MODERATE-COMPLEXITY PROCEDURES				
TEST	QC REQUIREMENTS	QC FREQUENCY		
URINE MICROSCOPY	Abnormal	Each week of testing; more frequently if required by manufacturer		
MTM MEDIA	 Check sterility Observe condition 	 Each lot and shipment Each shipment and each plate at time of use 		
GC TESTING: 1. Oxidase 2. Gram Stain	Positive and Negative Positive and Negative	 Each <u>day</u> of use Each <u>week</u> of testing; at least monthly if no patient testing is performed; more frequently if required by stain manufacturer 		
WET MOUNT	Written procedure and proper training	Parallel testing with all assigned testing personnel twice per year		
	WAIVED PROCEDURES			
TEST	QC REQUIREMENTS	QC FREQUENCY		
GLUCOSE	2 Levels	Each day of testing		
HEMOGLOBIN	2 Levels	Each day of testing		
		, ,		
HEMOGLOBIN A ₁ c	2 Levels	Each new lot, new shipment, new employee, at least monthly with patient testing		
HEMOGLOBIN A ₁ c URINE DIPSTICK 1. Visual/Manual Method 2. Automated		Each new lot, new shipment, new employee, at least monthly with patient testing 1. Each <u>week</u> of testing and with each new can of strips 2. According to manufacturer's instructions, at		
URINE DIPSTICK 1. Visual/Manual Method	Levels Normal and Abnormal	Each new lot, new shipment, new employee, at least monthly with patient testing 1. Each week of testing and with each new can of strips		
URINE DIPSTICK 1. Visual/Manual Method 2. Automated	 Levels Normal and Abnormal Normal and Abnormal 	Each new lot, new shipment, new employee, at least monthly with patient testing 1. Each week of testing and with each new can of strips 2. According to manufacturer's instructions, at least weekly with patient testing		
URINE DIPSTICK 1. Visual/Manual Method 2. Automated URINE PREGNANCY/hCG*	Levels Normal and Abnormal Normal and Abnormal Positive and Negative	Each new lot, new shipment, new employee, at least monthly with patient testing 1. Each week of testing and with each new can of strips 2. According to manufacturer's instructions, at least weekly with patient testing According to manufacturer's instructions		
URINE DIPSTICK 1. Visual/Manual Method 2. Automated URINE PREGNANCY/hCG* RAPID GROUP A STREP*	 Levels Normal and Abnormal Normal and Abnormal Positive and Negative Positive and Negative 	Each new lot, new shipment, new employee, at least monthly with patient testing 1. Each week of testing and with each new can of strips 2. According to manufacturer's instructions, at least weekly with patient testing According to manufacturer's instructions According to manufacturer's instructions		
URINE DIPSTICK 1. Visual/Manual Method 2. Automated URINE PREGNANCY/hCG* RAPID GROUP A STREP* RAPID INFLUENZA A/B*	2 Levels 1. Normal and Abnormal 2. Normal and Abnormal Positive and Negative Positive and Negative Positive and Negative	Each new lot, new shipment, new employee, at least monthly with patient testing 1. Each week of testing and with each new can of strips 2. According to manufacturer's instructions, at least weekly with patient testing According to manufacturer's instructions According to manufacturer's instructions According to manufacturer's instructions		

^{*}Internal performance monitor result must be recorded for each patient.

AREA C

MODERATE-COMPLEXITY PROCEDURES		
TEST	QC REQUIREMENTS	QC FREQUENCY
URINE MICROSCOPY	Abnormal	Each week of testing; more frequently if required by manufacturer
MTM MEDIA	 Check sterility Observe condition 	 Each lot and shipment Each shipment and each plate at time of use
GC TESTING: 1. Oxidase	Positive and Negative	1. Each day of use
2. Gram Stain	2. Positive and Negative	2. Each <u>week</u> of testing; at least monthly if no patient testing is performed; more frequently if required by stain manufacturer
WET MOUNT	Written procedure and proper training	Parallel testing with all assigned testing personnel twice per year
SYPHILIS CARD TEST	1. Reactive, WR, and NR	1. Each <u>day</u> of testing
	2. Needle	2. Once per vial of antigen, each new needle
	3. Rotator speed	3. Each day of testing
	4. Room temperature	4. Each day of testing (and each batch)
	5. Timer	5. Once per month with patient testing
	WAIVED PROCE	EDURES
TEST	QC REQUIREMENTS	QC FREQUENCY
GLUCOSE	2 Levels	Each day of testing
HEMOGLOBIN	2 Levels	Each day of testing
HEMOGLOBIN A ₁ c	2 Levels	Each new lot, new shipment, new employee, at least monthly with patient testing
URINE DIPSTICK 1. Visual/Manual Method	1. Normal and Abnormal	Each <u>week</u> of testing and with each new can of strips
2. Automated	2. Normal and Abnormal	2. According to manufacturer's instructions, at least weekly with patient testing
URINE PREGNANCY/hCG*	Positive and Negative	According to manufacturer's instructions
RAPID GROUP A STREP*	Positive and Negative	According to manufacturer's instructions
RAPID INFLUENZA A/B*	Positive and Negative	According to manufacturer's instructions
RAPID COVID-19*	Positive and Negative	Each new lot, new shipment, and new employee.
RAPID SYPHILIS*	Positive and Negative	Each day of testing
RSV*	Written procedure and proper training	According to manufacturer's instructions
AMINE	Written procedure and proper training	

^{*}Internal performance monitor result must be recorded for each patient.

AREA D

	the NCSLPH CLIA Contract Program, in conjunction with manufacturers' instructions. MODERATE-COMPLEXITY PROCEDURES			
TEST	QC REQUIREMENTS	QC FREQUENCY		
URINE MICROSCOPY	Abnormal	Each week of testing; more frequently if required by manufacturer		
15001	1. Check sterility	1. Each lot and shipment		
MTM MEDIA	2. Observe condition	2. Each shipment and each plate at time of use		
GC TESTING: 1. Oxidase 2. Gram Stain	Positive and Negative Positive and Negative	 Each <u>day</u> of use Each <u>week</u> of testing; at least monthly if no patient testing is performed; more frequently if required by stain manufacturer 		
WET MOUNT	Written procedure and proper training	Parallel testing with all assigned testing personnel twice per year		
SYPHILIS SEROLOGY	1. Reactive, WR, and NR	1. Each <u>day</u> of testing		
	2. Needle	2. Once per vial of antigen, each new needle		
	3. Rotator speed	3. Each day of testing		
	4. Room temperature	4. Each day of testing (and each batch)		
	5. Timer	5. Once per month with patient testing		
	WAIVED PROCED	OURES		
TEST	QC REQUIREMENTS	QC FREQUENCY		
GLUCOSE	2 Levels	Each day of testing		
HEMOGLOBIN	2 Levels	Each day of testing		
HEMOGLOBIN A ₁ c	2 Levels	Each new lot, new shipment, new employee, at least monthly with patient testing		
URINE DIPSTICK: 1. Visual/Manual Method	1. Normal and Abnormal	1. Each <u>week</u> of testing and with each new can of strips		
2. Automated	2. Normal and Abnormal	According to manufacturer's instructions, at least weekly with patient testing		
TIDINE DDECTION A	Dogitize and Magatize	A		
URINE PREGNANCY/hCG*	Positive and Negative	According to manufacturer's instructions		
RAPID GROUP A STREP*	Positive and Negative	According to manufacturer's instructions		
RAPID GROUP A STREP* RAPID INFLUENZA A/B*	Positive and Negative Positive and Negative	According to manufacturer's instructions According to manufacturer's instructions		
RAPID GROUP A STREP*	Positive and Negative	According to manufacturer's instructions		
RAPID GROUP A STREP* RAPID INFLUENZA A/B*	Positive and Negative Positive and Negative	According to manufacturer's instructions According to manufacturer's instructions Each new lot, new shipment, and new		

^{*}Internal performance monitor result must be recorded for each patient.

AREA E

the NCSLPH CLIA Contract Program, in conjunction with manufacturers' instructions. MODERATE-COMPLEXITY PROCEDURES		
TEST	QC REQUIREMENTS	QC FREQUENCY
URINE MICROSCOPY	Abnormal	Each week of testing; more frequently if required by manufacturer
MTM MEDIA	Check sterility Observe condition	 Each lot and shipment Each shipment and each plate at time of use
GC TESTING: 1. Oxidase 2. Gram Stain	 Positive and Negative Positive and Negative 	 Each <u>day</u> of use Each <u>week</u> of testing; at least monthly if no patient testing is performed; more frequently if required by stain manufacturer
WET MOUNT	Written procedure and proper training	Parallel testing with all assigned testing personnel twice per year
SYPHILIS CARD TEST	 Reactive, WR, and NR Needle Rotator speed Room temperature Timer 	 Each <u>day</u> of testing Once per vial of antigen, each new needle Each day of testing Each day of testing (and each batch) Once per month with patient testing
	WAIVED PROCED	URES
TEST	QC REQUIREMENTS	QC FREQUENCY
GLUCOSE	2 Levels	Each day of testing
HEMOGLOBIN	2 Levels	
111MIOGLODIM	2 LCVCIS	Each day of testing
HEMOGLOBIN A ₁ c	2 Levels	Each day of testing Each new lot, new shipment, new employee, at least monthly with patient testing
		Each new lot, new shipment, new employee, at
HEMOGLOBIN A ₁ c URINE DIPSTICK:	2 Levels	Each new lot, new shipment, new employee, at least monthly with patient testing Each week of testing and with each new can of
HEMOGLOBIN A ₁ c URINE DIPSTICK: 1. Visual/Manual Method	2 Levels Normal and Abnormal	Each new lot, new shipment, new employee, at least monthly with patient testing Each week of testing and with each new can of strips According to manufacturer's instructions, at
HEMOGLOBIN A ₁ c URINE DIPSTICK: 1. Visual/Manual Method 2. Automated	2 Levels Normal and Abnormal Normal and Abnormal	Each new lot, new shipment, new employee, at least monthly with patient testing Each week of testing and with each new can of strips According to manufacturer's instructions, at least weekly with patient testing
HEMOGLOBIN A ₁ c URINE DIPSTICK: 1. Visual/Manual Method 2. Automated URINE PREGNANCY/hCG*	2 Levels Normal and Abnormal Normal and Abnormal Positive and Negative	Each new lot, new shipment, new employee, at least monthly with patient testing Each week of testing and with each new can of strips According to manufacturer's instructions, at least weekly with patient testing According to manufacturer's instructions
HEMOGLOBIN A ₁ c URINE DIPSTICK: 1. Visual/Manual Method 2. Automated URINE PREGNANCY/hCG* RAPID GROUP A STREP*	2 Levels Normal and Abnormal Normal and Abnormal Positive and Negative Positive and Negative	Each new lot, new shipment, new employee, at least monthly with patient testing Each week of testing and with each new can of strips According to manufacturer's instructions, at least weekly with patient testing According to manufacturer's instructions According to manufacturer's instructions
HEMOGLOBIN A ₁ c URINE DIPSTICK: 1. Visual/Manual Method 2. Automated URINE PREGNANCY/hCG* RAPID GROUP A STREP* RAPID INFLUENZA A/B*	2 Levels Normal and Abnormal Normal and Abnormal Positive and Negative Positive and Negative Positive and Negative	Each new lot, new shipment, new employee, at least monthly with patient testing Each week of testing and with each new can of strips According to manufacturer's instructions, at least weekly with patient testing According to manufacturer's instructions According to manufacturer's instructions According to manufacturer's instructions Each new lot, new shipment, and new
HEMOGLOBIN A ₁ c URINE DIPSTICK: 1. Visual/Manual Method 2. Automated URINE PREGNANCY/hCG* RAPID GROUP A STREP* RAPID INFLUENZA A/B* RAPID COVID-19*	2 Levels Normal and Abnormal Normal and Abnormal Positive and Negative Positive and Negative Positive and Negative Positive and Negative	Each new lot, new shipment, new employee, at least monthly with patient testing Each week of testing and with each new can of strips According to manufacturer's instructions, at least weekly with patient testing According to manufacturer's instructions According to manufacturer's instructions According to manufacturer's instructions Each new lot, new shipment, and new employee.

^{*}Internal performance monitor result must be recorded for each patient.