### Abbott i-stat Daily Electronic Simulator & Maintenance Log

**Simulator ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Analyser Serial Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Daily Electronic Simulator Log** |
| **Date** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
| **Time** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Pass / Fail** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Failure code or letter** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Initials** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Maintenance Log** |
| **Clean exterior and screen** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Check Printer Paper** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Initials** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Date** **(6 monthly)** | **Simulator Serial Number** | **Thermal Probe Delta Result (Acceptable Range: -0.1 ToC +0.1)** | **Comments** | **Operator** |
|  |  |  |  |  |
|  |  |  |  |  |

**Abbott i-Stat Quality Control Log Analyser Serial number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Quality Control (QC) must be performed each time a new box of cartridges is opened.
* \* ‘QC passed’, date and signature must be written on the box after iQC has been performed and accepted.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Control Box Start Date** | **Cartridge Lot Number** **(1st letter only)** | **CLEW revision** | **B-hCG Control****Level** | **B-hCG Control Lot Number** | **Control Expiry Date** | **Mean B-hCG (IU/L)** | **2 SD Range (IU/L)***from VAS APOC website* *(see 4.1.3 in SOP)* |
|  |  |  |  |  |  |  | - |
|  |  |  |  |  |  |  | - |
|  |  |  |  |  |  |  | - |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**QC lot number details**

**Stock Control & Acceptance Testing Record**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Cartridge Box Delivery Date** | **Cartridge Lot Number** | **Date QC Performed** | **Operator Signature**  | **Control Level** | **Control Lot Number** | **B-hCG Control Result (IU/L)** | **iQC Acceptable?****(Y/N)***\*record passed QC on box* |
|  |  |  |  | 1 |  |  |  |
| 2 |  |  |  |
|  |  |  |  | 1 |  |  |  |
| 3 |  |  |  |
|  |  |  |  | 1 |  |  |  |
| 2 |  |  |  |
|  |  |  |  | 1 |  |  |  |
| 3 |  |  |  |
|  |  |  |  | 1 |  |  |  |
| 2 |  |  |  |