|  |
| --- |
| Name/Serial number: Location |
| **Timer Assessment****(on receipt and after repair only)** | **Date** | **Timer** | **Stop Watch** | **Performed by** |
|  | **10** |  |  |
| **15** |  |
| **20** |  |
| **30** |  |
| **45** |  |
| Optimal Centrifugation Time Determination |
| **Optimal dilution used:** | Anti- \_\_ diluted \_\_\_\_\_\_ |
| Criteria | **Centrifugation time (seconds)** |
| **10** | **15** | **20** | **30** | **45** |
| Supernatant clear? | Pos | Neg | Pos | Neg | Pos | Neg | Pos | Neg | Pos | Neg |
| **RBC button clearly delineated?** |  |  |  |  |  |  |  |  |  |  |
| **RBC button easily resuspended?** |  |  |  |  |  |  |  |  |  |  |
| **Strength of agglutination (result)** |  |  |  |  |  |  |  |  |  |  |
| **Date of testing** |  |
| **Performed by** |  |

Y = Yes

N = No

|  |
| --- |
| Optimum Time of Centrifugation is \_\_\_\_\_\_\_\_Seconds |

Comments:

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|  |
| Optional Information: Received Service Annual  |