

### Rapid Test for Recent Infection (RTRI) Quality Control (QC) Log Book

1	2		3			9				10	11			
District: _____	Facility Name: _____		HTS Site Name: _____			<b>Recency Interpretation</b> <i>[All 3 lines = LT; C &amp; V lines = Recent                      only C line = Neg]</i> (Please circle one)				<b>QC Result</b> Pass (P) or Fail (F)	<b>Results Reviewed</b> By/Date:			
4	5	6	7	8	Control (C) Line							Verification (V) Line	Long Term (LT) Line	
No	RTRI Kit Information	Tester Name	Test Date (dd/mm/yy)	QC Kit Information	QC Sample ID							Visual Results (Mark "✓" if line is present)		
1	Lot #: _____			QC Lot #: _____	QC - Long Term				LT	Recent	Neg	Invalid		
	Date Received: _____				QC - Recent				LT	Recent	Neg	Invalid		
	Exp date: _____				QC - Negative				LT	Recent	Neg	Invalid		
2	Lot #: _____			QC Lot #: _____	QC - Long Term				LT	Recent	Neg	Invalid		
	Date Received: _____				QC - Recent				LT	Recent	Neg	Invalid		
	Exp date: _____				QC - Negative				LT	Recent	Neg	Invalid		
3	Kit Lot #: _____			QC Lot #: _____	QC - Long Term				LT	Recent	Neg	Invalid		
	Date Received: _____				QC - Recent				LT	Recent	Neg	Invalid		
	Exp date: _____				QC - Negative				LT	Recent	Neg	Invalid		
4	Lot #: _____			QC Lot #: _____	QC - Long Term				LT	Recent	Neg	Invalid		
	Date Received: _____				QC - Recent				LT	Recent	Neg	Invalid		
	Exp date: _____				QC - Negative				LT	Recent	Neg	Invalid		
5	Lot #: _____			QC Lot #: _____	QC - Long Term				LT	Recent	Neg	Invalid		
	Date Received: _____				QC - Recent				LT	Recent	Neg	Invalid		
	Exp date: _____				QC - Negative				LT	Recent	Neg	Invalid		
6	Lot #: _____			QC Lot #: _____	QC - Long Term				LT	Recent	Neg	Invalid		
	Date Received: _____				QC - Recent				LT	Recent	Neg	Invalid		
	Exp date: _____				QC - Negative				LT	Recent	Neg	Invalid		
7	Lot #: _____			QC Lot #: _____	QC - Long Term				LT	Recent	Neg	Invalid		
	Date Received: _____				QC - Recent				LT	Recent	Neg	Invalid		
	Exp date: _____				QC - Negative				LT	Recent	Neg	Invalid		

Remarks (Indicate if there was repeat test and the final outcome and actions taken): 12

1 Enter District Name

District: Leribe

2 Enter Facility Name

Facility Name: Kano Hospital

3 Enter Name of Testing Point

HTS Site Name: OPD

4 Enter the master kit lot# (located on the outside of test kit box), the date the kit lot was received at the site and the expiration date of the kit (also located on the outside of the test kit box)

5 Enter the tester first and last name

Tester Name

Mapitso Motebang

6 Enter the test date in day/month/year format

Test Date (dd/mm/yy)

03/09/2019

7 Enter the Lot # of the QC as it is depicted on the QC tube label (i.e. month and year) and the date it was received).

QC Kit Information

QC lot # 062019

Date received: 03/09/2019

RTRI Kit Information

Lot #: P-LC0402

Date Received: 31/07/2019

Exp date: 10/01/2021

8 If a line is present in the control, verification and/or long-term test areas of the test device, then enter a tick mark (v) in each corresponding box.

Visual Results		
(Mark "v" if line is present)		
Control (C) Line	Verification (V) Line	Long-term (LT) Line
v	v	v
v	v	
v		

9 Circle the correct interpretation based on the visual results. If the control line, verification line and long term line is present then circle "LT". If only the control line and verification lines are present then circle "Recent". If only the control line is present then circle "Neg". If the control line is absent or if there is only a control line and long-term line but no verification line then circle "Invalid".



Recency Interpretation  
[All 3 lines = LT; C & V lines = Recent only C line = Neg]  
(Please circle one)

LT	Recent	Neg	Invalid
LT	Recent	Neg	Invalid
LT	Recent	Neg	Invalid

12 If QC testing was repeated due to QC failure or invalid result then repeat the test(s) and enter the final QC results in the field below. Document and immediately report to your supervisor if QC continues to fail or is repeatedly invalid.

10 Enter "P" for Pass if the QC results match the expected results (i.e. QC-Negative is negative, QC-Recent is Recent, etc.). Enter "F" for Fail if the QC results do not match the expected results.



QC Result Pass (P) or Fail (F)

P
P
P

11 Results should be reviewed immediately by a supervisor or designated lab coordinator and/or monitor after testing.

Results Reviewed By/Date:

Remarks (Indicate if there was repeat test and the final outcome and actions taken)