NMCP Cidex® OPA SOLUTION TESTING LOG

Location/Dept _____ Test strip Lot #: _____ Expiration date: _____

Initial QC on new bottle of test strips performed on: _____ By: Print Name _____ Pass: Yes _____

30 day QC on bottle of test strips performed on: _____ By: Print Name _____ Pass: Yes _____

60 day QC on bottle of test strips performed on: _____ By: Print Name _____ Pass: Yes_____

This form is to be used for one test strip bottle only!

Test Date	Test result Pass/Fail	Temp of Cidex® OPA solution	Date poured Cidex® OPA solution from manufacturer's bottle	Date Cidex® OPA solution expires (14 days after poured from the bottle)	Cidex® OPA Solution Lot Number and Manufacturer's expiration date on the container	Tested By: Print Name