

HIV/HCV RAPID TEST REACTIVE/NONREACTIVE CONTROL LOG

North Dakota Department of Health
Division of Sexually Transmitted and Bloodborne Diseases
SFN 59072 (Rev. 07/2021)

Facility Name & Location				Date				
Contact Person			Telephone Number					
<p>Submit a copy of this form every time controls are performed.</p> <p>Return by emailing the form to the HIV.STI.Viral Hepatitis Prevention Coordinator or by faxing the form to the Division of Sexually Transmitted and Bloodborne Diseases, fax number is 701.328.2499.</p> <p>For any questions or concerns, contact the HIV.STD. Hepatitis Prevention Coordinator at 701.328.2366.</p>			<ol style="list-style-type: none"> Please complete this form when performing the Chembio SURE CHECK® HIV 1/2 and HCV OraQuick® Reactive/Nonreactive Controls. Run the kit controls under the following circumstances: <ul style="list-style-type: none"> Each new operator prior to performing tests on patient specimens, (O) When opening a new test kit lot, (L) Whenever a new shipment of test kits is received, (S) If the temperature of the test storage area falls outside (T): HIV SURE CHECK® Test: 8° to 30°C (46° to 86°F) HCV OraQuick® Test: 2° to 30°C (36° to 86°F) If the temperature of the testing area falls outside (T): HIV SURE CHECK® Test: 18° to 30°C (64° to 86°F) HCV OraQuick® Test: 15° to 37°C (59° to 99°F) At least once every six (6) months. (M) Form shall be submitted to the HIV.STI.Viral Hepatitis Prevention Coordinator within seven days of control performance. Submit forms via email or fax to 701.328.2499. If the HIV or HCV control reagents do not produce the expected results, the test should be repeated with a new test device. If they still do not produce the expected results, contact the HIV.STI.Viral Hepatitis Prevention Coordinator. Additional questions can be directed to Chembio at 1.844.CHEMBIO (1.844.243.6246) for HIV rapid test questions or Orasure at 1.800.ORASURE (1.800.672.7873). 					
Name of Person Performing Controls	Date	Reason for Performing Controls (O, L, M, S, T)	Test Lot Number & Expiration Date	Controls	Result	Control Lot Number	Control Expire Date	Date Reported to Prevention Coordinator
				HIV 1 Reactive HIV 2 Reactive HIV Nonreactive HCV Reactive HCV Nonreactive	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative			
				HIV 1 Reactive HIV 2 Reactive HIV Nonreactive HCV Reactive HCV Nonreactive	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative			
				HIV 1 Reactive HIV 2 Reactive HIV Nonreactive HCV Reactive HCV Nonreactive	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative			
				HIV 1 Reactive HIV 2 Reactive HIV Nonreactive HCV Reactive HCV Nonreactive	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative			
				HIV 1 Reactive HIV 2 Reactive HIV Nonreactive HCV Reactive HCV Nonreactive	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative			