

(Location)

New Instrument/Analyte Checklist

Instrument/Analyte Name: __Abbott ID NOW COVID19 new test form__

Instrument Model and Serial Number: _____

Vendor Contact Information: _____

Demonstrated (Attach documentation):

- Accuracy: Date completed _____ N/A _____ r value acceptable Y/N
- Precision: Date completed _____ N/A _____ SD acceptable Y/N
- Day to Day Precision: Date completed _____ N/A _____ CV acceptable Y/N
- QC range established: Date completed _____ N/A _____
- Linearity: Date completed _____ N/A _____ Upper and lower reportable range confirmed Y/N
- Normal Range established: Date completed _____ N/A _____
- Procedure written/revised: Date completed _____ 04/06/2020 _____
- Procedure signed and dated by director or designee: Date completed _____
- In-service training of testing personnel: Date completed _____
- Proficiency Survey: Date subscribed to _____
- SDS sheets obtained: Date obtained _____
- Interlab program subscribed to: Date completed _____ N/A _____
- Interface validated: Date completed _____ N/A _____
- Added to maintenance schedule: Date completed _____
- IQCP written or modified (as needed) Date completed _____ N/A _____

Validation documentation reviewed by laboratory supervisor: Acceptable Y/N
_____(Signature) _____(Date)

Validation documentation reviewed by laboratory director: Acceptable Y/N
_____(Signature) _____(Date)

Date Testing Started: _____

Notified CLIA: Date completed _____