(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 _____________________________________________