



## STEM CELL LABORATORY (STCL)



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**DOCUMENT TITLE:**

BD FACSCalibur Flow Cytometer Instrument QC Log

**DOCUMENT NOTES:**

**Document Information**

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# **FLOW-FORM-007** **BD FACSCalibur Flow Cytometer Instrument QC Log**

Instrument Serial # \_\_\_\_\_

Month/Year \_\_\_\_\_

Date NIU = Not in use	Op.	Cali-BRITE Lot #	APC Lot #	FSC P/F	SSC P/F	FL1 P/F	FL2 P/F	FL3 P/F	FL4 P/F	TD P/F	PMT voltage <i>According to the Calibrite Bead product insert, day to day change in voltage is normally <math>\leq 10</math> volts for any PMT. Investigate possible problems and note corrective action in the instrument troubleshoot log if observed change is <math>&gt;10</math>.</i>				
											SSC	FL1	FL2	FL3	FL4
1															
2															
3															
4															
5															
6															
7															
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Monthly voltage ranges: FL1 \_\_\_\_\_ - \_\_\_\_\_ FL2 \_\_\_\_\_ - \_\_\_\_\_ FL3 \_\_\_\_\_ - \_\_\_\_\_ FL4 \_\_\_\_\_ - \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date: \_\_\_\_\_

FLOW-FORM-007 BD FACSCalibur Flow Cytometer Instrument QC Log  
 Stem Cell Laboratory, DUMC  
 Durham, NC

If multiple FACSCComp assays are performed, record lot change information on only one Form 007.

Calibrite-3 Kit lot #. \_\_\_\_\_ EXP. \_\_\_\_\_ Date QC: \_\_\_\_\_

Individual bead lot#: U \_\_\_\_\_ F \_\_\_\_\_ P \_\_\_\_\_ PCP \_\_\_\_\_ Recorded by: \_\_\_\_\_

Date in use: \_\_\_\_\_ Recorded By: \_\_\_\_\_

Calibrite-3 Kit lot #. \_\_\_\_\_ EXP. \_\_\_\_\_ Date QC: \_\_\_\_\_

Individual bead lot#: U \_\_\_\_\_ F \_\_\_\_\_ P \_\_\_\_\_ PCP \_\_\_\_\_ Recorded by: \_\_\_\_\_

Date in use: \_\_\_\_\_ Recorded By: \_\_\_\_\_

APC bead lot# \_\_\_\_\_ EXP. \_\_\_\_\_ Date QC: \_\_\_\_\_ Recorded by: \_\_\_\_\_

Date in use: \_\_\_\_\_ Recorded By: \_\_\_\_\_

APC bead lot# \_\_\_\_\_ EXP. \_\_\_\_\_ Date QC: \_\_\_\_\_ Recorded by: \_\_\_\_\_

Date in use: \_\_\_\_\_ Recorded By: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Instruction for completing the BD FACSCalibur Flow Cytometer Instrument QC Log**

<b>In the field...</b>	<b>Record...</b>
Instrument serial #	Record the serial # of the flow cytometer
Month/Year	Record the month and year that the testing is performed
Date	Record date of instrument qc.
Operator	Initials of operator
Cali-BRITE lot #	Record lot # for Calibrite -3 bead kit.
APC lot #	Record lot number from APC beads
FSC p/f	Results of pass fail during instrument qc.
SSC p/f	Results of pass fail during instrument qc.
Fl-1 p/f	Results of pass fail during instrument qc.
Fl-2 p/f	Results of pass fail during instrument qc.
Fl-3 p/f	Results of pass fail during instrument qc.
Fl-4 p/f	Results of pass fail during instrument qc.
TD p/f	Results of pass fail during instrument qc.
PMT voltage	Voltage values from FACSComp report.
Monthly voltage values.	Range of monthly values for each PMT. (From the Levy Jennings software analysis at end of month)
Reviewed by and date	Record the initial of the reviewer and the date
Calibrite-3 kit lot #/exp./Recorded by	Add lot number for kit and expiration date/Initial of person that recorded this info.
Date QC /Recorded by	Add the date that the new lot was checked against the old lot./Initial of the person that recorded QC
Date in use/Recorded by	Add the date that the lot was placed in use/Initial of person that placed the lot in use
Individual bead lot #/Recorded by	Add lot number in space provided for (F)itc, (P)E, (P)er(CP)/Initial of the person that recorded this info.
APC bead lot #/exp./Recorded by	Add the lot number for the APC beads and expiration date./Initial of the person that recorded this info.
Date QC /Recorded by	Add the date that the new lot was checked against the old lot./Initial of the person that recorded QC
Date in use/Recorded by	Add the date that the lot was placed in use./ initial of person that placed the lot in use
Reviewed by and date	Record the initial of the reviewer and the date

**Signature Manifest****Document Number:** FLOW-FORM-007**Revision:** 03**Title:** BD FACSCalibur Flow Cytometer Instrument QC Log

All dates and times are in Eastern Time.

**FLOW-FORM-007 BD FACSCalibur Flow Cytometer Instrument QC Log****Author**

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**Document Release**

Name/Signature	Title	Date	Meaning/Reason
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