

## External Deionized Water QC Worksheet

### LifeSouth Community Blood Centers

|                                                                                                                                                                                                                                     |                                                                                                        |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------|
| <b>Directions:</b> Collect samples in sterile containers using aseptic technique. Complete the Location and Time Sampled columns below. Samples must be transported at 2 to 8°C and must be received within 24 hours of collection. | Date Sampled:                                                                                          | Sampled by: |
|                                                                                                                                                                                                                                     | Send results to (email or fax):                                                                        |             |
|                                                                                                                                                                                                                                     | Email request form to <a href="mailto:QC@lifesouth.org">QC@lifesouth.org</a> prior to sending samples. |             |

#### Completed by QC Laboratory

|                                                                                                                                                                   |                                                                                   |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------|
| Samples received within 24 hours at 2 to 8°C? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Notify requesting facility if samples are unacceptable. | Date/Time Received:                                                               | Tech:                                   |
| Incubator Temperature: _____ °C                                                                                                                                   | In range (22.5 ± 2.5°C)? <input type="checkbox"/> Yes <input type="checkbox"/> No | Incubation Date/Time: _____ Tech: _____ |

| Completed by Submitting Facility |              | Completed by QC Laboratory                                                       |                                                                                  |                                                                                  |                                                                                  |
|----------------------------------|--------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Location                         | Time Sampled | 24-Hour Reading                                                                  | 48-Hour Reading                                                                  | 72-Hour Reading                                                                  | Interpretation                                                                   |
|                                  |              | Reading Tech:                                                                    | Reading Tech:                                                                    | Reading Tech:                                                                    |                                                                                  |
|                                  |              | Date:                                                                            | Date:                                                                            | Date:                                                                            |                                                                                  |
|                                  |              | Time:                                                                            | Time:                                                                            | Time:                                                                            |                                                                                  |
|                                  |              | <input type="checkbox"/> No Growth<br><input type="checkbox"/> Growth: _____ CFU | <input type="checkbox"/> No Growth<br><input type="checkbox"/> Growth: _____ CFU | <input type="checkbox"/> No Growth<br><input type="checkbox"/> Growth: _____ CFU | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> Unsatisfactory |
| <input type="checkbox"/> N/A     |              | <input type="checkbox"/> No Growth<br><input type="checkbox"/> Growth: _____ CFU | <input type="checkbox"/> No Growth<br><input type="checkbox"/> Growth: _____ CFU | <input type="checkbox"/> No Growth<br><input type="checkbox"/> Growth: _____ CFU | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> Unsatisfactory |
| <input type="checkbox"/> N/A     |              | <input type="checkbox"/> No Growth<br><input type="checkbox"/> Growth: _____ CFU | <input type="checkbox"/> No Growth<br><input type="checkbox"/> Growth: _____ CFU | <input type="checkbox"/> No Growth<br><input type="checkbox"/> Growth: _____ CFU | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> Unsatisfactory |
| <input type="checkbox"/> N/A     |              | <input type="checkbox"/> No Growth<br><input type="checkbox"/> Growth: _____ CFU | <input type="checkbox"/> No Growth<br><input type="checkbox"/> Growth: _____ CFU | <input type="checkbox"/> No Growth<br><input type="checkbox"/> Growth: _____ CFU | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> Unsatisfactory |
| <input type="checkbox"/> N/A     |              | <input type="checkbox"/> No Growth<br><input type="checkbox"/> Growth: _____ CFU | <input type="checkbox"/> No Growth<br><input type="checkbox"/> Growth: _____ CFU | <input type="checkbox"/> No Growth<br><input type="checkbox"/> Growth: _____ CFU | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> Unsatisfactory |
| <input type="checkbox"/> N/A     |              | <input type="checkbox"/> No Growth<br><input type="checkbox"/> Growth: _____ CFU | <input type="checkbox"/> No Growth<br><input type="checkbox"/> Growth: _____ CFU | <input type="checkbox"/> No Growth<br><input type="checkbox"/> Growth: _____ CFU | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> Unsatisfactory |

**Comments/Corrective Action:**

#### Acceptability Criteria

|                   | Satisfactory | Unsatisfactory |
|-------------------|--------------|----------------|
| DI Water Cultures | ≤ 10 CFU     | > 10 CFU       |

Reviewed and Results sent by: \_\_\_\_\_ Date: \_\_\_\_\_

# External Deionized Water QC Worksheet

## Form Version History

| Effective Date | Significant Changes                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13 Feb 2024    | <ul style="list-style-type: none"><li>Updated form for reading plates at 24, 48, and 72 hours.</li><li>Specified date/time field is for sample receipt.</li></ul> |
| 14 Mar 2023    | <ul style="list-style-type: none"><li>Renamed form from <i>DTL Deionized Water Culture Record</i>.</li><li>Updated form to be for external customers.</li></ul>   |
| 28 Jun 2021    | Added Bioball and Subbed checkboxes.                                                                                                                              |
| 19 Jan 2021    | Removed the <b>Sterile Water Lot # / Exp. Date</b> and <b>Sterile 0.1% Peptone Lot # / Exp. Date</b> fields.                                                      |
| 01 Dec 2019    | New form.                                                                                                                                                         |