

PCR - BAX

Analysis Date: ____ / ____ / ____
 Technician: _____
 Run #: _____

E. coli O157:H7 / STEC / Salmonella / Listeria spp. / List. Mono / Campylobacter

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|----|----|----|----|----|----|----|----|----|----|----|
| A | 1 | 9 | 17 | 25 | 33 | 41 | 49 | 57 | 65 | 73 | 81 | 89 |
| B | 2 | 10 | 18 | 26 | 34 | 42 | 50 | 58 | 66 | 74 | 82 | 90 |
| C | 3 | 11 | 19 | 27 | 35 | 43 | 51 | 59 | 67 | 75 | 83 | 91 |
| D | 4 | 12 | 20 | 28 | 36 | 44 | 52 | 60 | 68 | 76 | 84 | 92 |
| E | 5 | 13 | 21 | 29 | 37 | 45 | 53 | 61 | 69 | 77 | 85 | 93 |
| F | 6 | 14 | 22 | 30 | 38 | 46 | 54 | 62 | 70 | 78 | 86 | 94 |
| G | 7 | 15 | 23 | 31 | 39 | 47 | 55 | 63 | 71 | 79 | 87 | 95 |
| H | 8 | 16 | 24 | 32 | 40 | 48 | 56 | 64 | 72 | 80 | 88 | 96 |

Lysis #1 Start Time: _____ Temp: _____ Lysis #2 Start Time: _____ Temp: _____

Lysis #1 Stop Time: _____ ST#: _____ Lysis #2 Stop Time: _____ ST#: _____

Analysis Start Time: _____ Pipette(s): _____

Analysis Stop Time: _____

Internal Controls Positive: _____

Positive Control (PC) Positive: _____

Negative Control (NC) Negative: _____

Notes: _____

All Samples Negative? Yes No

QC Review: Date _____ Initials _____