**Example of a Hematology Reagent Lot Parallel Testing Form**

**Instrument:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Reagent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Old Lot Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Expiration Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New Lot Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Expiration Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Background Count Verification:** After installing the new reagent, perform and document the background counts.

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| **Analyte** | **Background Count** | **Acceptable Criteria** |
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1. **Patient Sample or Control Verification:** Repeat three patients or controls from the old lot of reagent on the new lot number and document the results.

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| **Sample ID or Control Level and Lot #** | **Analyte** | **Results: Old Reagent** | **Results: New Reagent** | **Acceptable Difference** | **Actual Difference** | **Acceptable /Unacceptable** | **Initials** |
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Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Supervisor’s Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_