## Reagent Batch Failure Notification Form – NCSP Notification

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| **Name and address of pathology laboratory**  |  |
| **Pathology laboratory contact details including responsible Pathologist (phone number and email)**  |  |
| **Date of reported reagent batch failure**  |  |
| **HPV test type (manufacturer and device)**  |  |
| **Reagent batch Lot numbers and expiry date** Please list all Lot numbers and expiry dates for any reagents used as part of this batch of tests under the general process categories listed below. Where a reagent is used at multiple steps in the process please repeat under each category.  |
| **1. Control kit**  |  |
| **2. Cellular (LBC) extraction kit**  |  |
| **3. Nucleic acid extraction kit**  |  |
| **4. Amplification kit**  |  |
| **5. Detection kit**  |  |
| **6. Wash buffer**  |  |