## Reagent Batch Failure Notification Form – NCSP Notification

|  |  |
| --- | --- |
| **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** |  |