Fecal Blood Occult Proficiency Test Report

1.0 Test Device Used:

a. **Hemosure iFOB test cassettes will be used in this testing.**
b. **Testing will be conducted following the manufacture's package insert.**
c. **Additional test devices may be used for performance comparison purpose.**

Test Device	Lot No.	Expiration Date
Hemosure iFOB Test Cassette		
Hemosure Fecal Occult Blood Testing Panel		
Additional Test Device Used		

2.0 Test Results on Hemosure Fecal Occult Blood Test:

Test results are recorded in the table below. Please indicate the positive or negative results of the vials tested.

Panel ID No.	Hemosure Test Result		Comments
	Positive	Negative	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

3.0 Test Results on additional iFOB test：

Test results are recorded in the table below. Please indicate the positive or negative results of the vials tested.

Panel ID No.	Additional Test Result		Comments
	Positive	Negative	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Test Completed by:

_____ _____

QC Technician Date

_____ _____

QC Supervisor Date

Reviewed by:

_____ _____

Laboratory Manager Date