

Mohs Surgery Quality Assurance Report

[illegible]

Immunohistochemistry Form

Date: _____

Patient Name: _____

Mohs #: _____ Layer: _____

Tech: _____

Dr.: _____

Procedure: _____

(+) Slide Quality: _____

Total # of slides: _____

(-) Slide Quality: _____

Counterstain Quality: _____

Approved by: _____

*Fill out the Immunohistochemistry Form in concurrence with the staining procedure

#1: _____

#2: _____

#3: _____

#4: _____

#5: _____

#6: _____

#7: _____

#8: _____

#9: _____

#10: _____

#11: _____

#12: _____

#13: _____

#14: _____

#15: _____

#16: _____

#17: _____

Lot numbers:

Expiration:

*Notes:

*This immunohistochemistry test was developed and the performance characteristics were determined by the [PRATICE NAME]. They have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes and should not be regarded as investigational or for research.

Protocol Validation Form

Date: _____
Protocol: _____
Slide #: _____ Validation #: _____
Tech: _____
Dr.: _____
Stain Quality: _____

Protocol Steps:

1.

Reagent:

Lot numbers:

Expiration:

*Notes: _____

Antibody Verification Log

[illegible]
