

# Planner Sheet

for the *CLA<sup>®</sup> Allergy Test*

Date \_\_\_\_\_

Test Performed By \_\_\_\_\_

## Lot Numbers / Expiration Dates

Positive Serum Control \_\_\_\_\_  N/A

Negative Serum Control \_\_\_\_\_  N/A    Wash Buffer \_\_\_\_\_

Panel #1 Name _____	Panel #2 Name _____ <input type="checkbox"/> N/A
Reagent Kit _____	Reagent Kit _____
CLA Pette _____	CLA Pette _____
Antibody Concentrate _____	Antibody Concentrate _____
Photo Reagent A _____	Photo Reagent A _____
Photo Reagent B _____	Photo Reagent B _____
Photo Reagent C _____	Photo Reagent C _____
Photo Reagent D _____	Photo Reagent D _____

## Test Schedule

Serum Incubation  
(16-24 Hr)

Start

Stop

Incubation Time \_\_\_\_\_

Antibody Incubation  
(4 Hr ± 15 min)

Start

Stop

Incubation Time \_\_\_\_\_

## Slot Assignment

Pette Cassette A			
Slot	Patient Name	Patient ID	Kit Lot #
1.			
2.			
3.			
4.			
5.			

Pette Cassette B			
Slot	Patient Name	Patient ID	Kit Lot #
1.			
2.			
3.			
4.			
5.			

# HITACHI

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