



Worksheet (form)

Document G_90_WS_3_A Author: F Courtney Authorised: W Porau 04/08/21 Review: 04/08/23

Weekly AST QC Summary

Week commencing: _____ Laboratory: _____

Prepared by: _____ Signed: _____

Summary assessment: _____

(Tick cells where zone size is within control limits; otherwise indicate zone size readings with expected results in brackets)

Stamp	STAPH	ENC	GNR	MARGN	SSV	HAEM	STREP
Control strain	ATCC 29213	ATCC 29212	ATCC 25922	ATCC 25922	ATCC 25922	ATCC 49766	ATCC 49619
	S. aureus	E. faecalis	E. coli	E. coli	E. coli	H. influenzae	S. pneumo
Media	MH	MH	MH	MH	MH	MH-F	MH-F
P1							
OX1							
E15							
TE30							
SXT25							
C30							
CRO30							
FOX30							
AMP2							
F100							
VA5							
AMC30							
CN10							
CIP5							
TOB10							
MEM10							
CAZ10							
TZP30/6							
AK30							
AMP10							
PEF5							
AZ15							

Action recommended (lab manager):

Action required (supervisor):

Supervisor name: _____ Signed _____ Date: _____