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**National Department of Health**

**Title:**

**ID:**

**Developed by: ……………………………………..**

**Reviewed by: ……………………………………..**

**Authorized by: ……………………………………..**

**Issued date: ……………………………………..**

**Review period: 2 years**

**Changes to the last authorized version:**

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| **Version** | **Date issued** | **Changes** |
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| Version |  |
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| Date |  |

*NB. Printed copies of this document for local laboratory use require endorsement on the front page and manual entry onto the Printed Controlled Document Logsheet G\_10\_WS\_5.*

1. **Purpose of use**
2. **Scope**
3. **Principle**
4. **Components**
5. **Operation** (according to the manufacturers manual such as preparation and operation)
6. **Maintenance** (as recommended by manufacturer)
7. **Calibration** ( if required as recommended by manufacturer)
8. **Safety notes** (use, transport, storage)
9. **Reference** (such as user manual)
10. **Form and records**
    1. **Staff training competency documentation checklist**
11. **Appendix** (flowchart and others)