

**Canton City Health District  
Wet Prep Quality Control/Assurance**

for year \_\_\_\_\_

(to be performed on first wet prep brought to the lab each day of testing)

Date	Patient number	ANALYSTS	WBC	TRICH	WHIFF	YEAST	OTHER/COMMENTS	COMPARISON/ RESPONSE*

\*COMPARISON/RESPONSE: 1) Agreement-No Response. 2) Disagreement-Repeat with simultaneous comparison and clearly indicate final decision/result in a separate line entry (as if a new patient). 3) Repeat comparison shows continued disagreement-review training material and consult with laboratory Technical Supervisor or Director immediately.