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# **therascreen<sup>®</sup> EGFR RGQ PCR Kit**

## **Documentation Template**

### **DNA sample assessment analysis using the therascreen EGFR RGQ PCR Kit**

therascreen EGFR RGQ PCR Kit, Version 1,  870121

DNA sample assessment run ID:

To be referenced on *therascreen* EGFR RGQ Kit Documentation Template: Detection of *EGFR* mutations

Date:

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#### **Operator details**

Name of operator 1:

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Name of operator 2 (optional):

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#### **therascreen EGFR RGQ PCR Kit information**

Kit catalog number: 870121 Confirm:

Kit lot number:

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Kit expiration date:

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#### **Reagents and equipment provided by the laboratory**

**Rotor-Gene<sup>®</sup> Q MDx**

Equipment identification:

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**August 2013**



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**Sample & Assay Technologies**

## Sample details

Sample number	Patient ID	Sample preparation run ID	Comment
PC	Positive control	n.a.*	
NTC	No template control	n.a.	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

\* n.a.: not applicable.

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**Sample details (continued)**

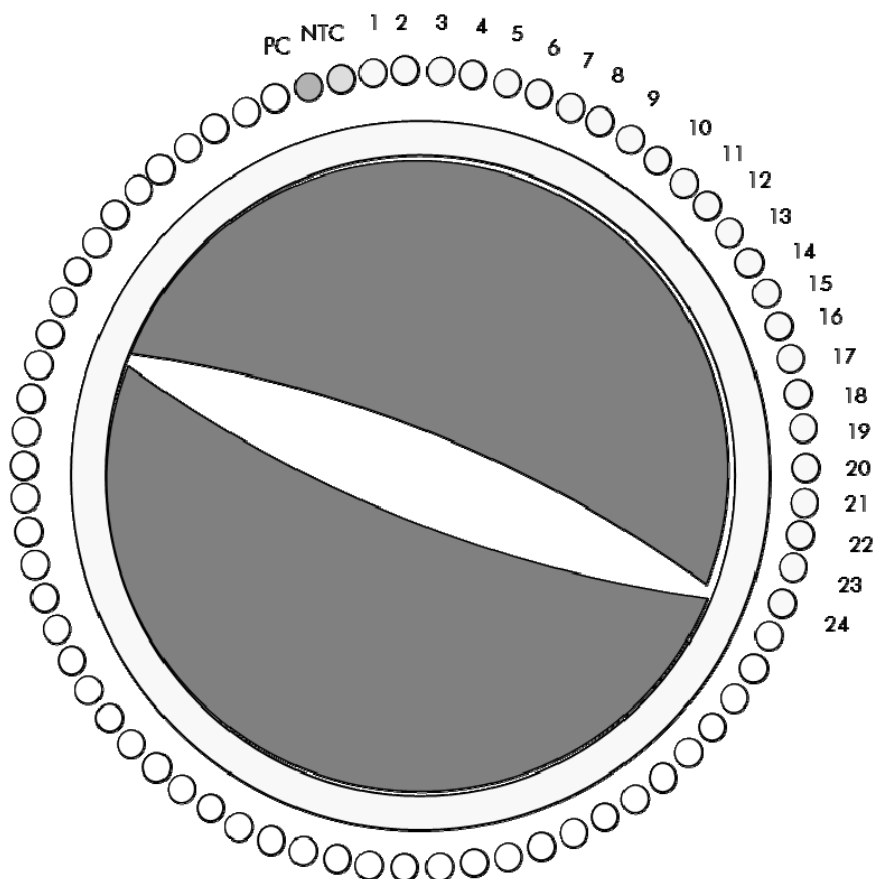
<b>Sample number</b>	<b>Patient ID</b>	<b>Sample preparation run ID</b>	<b>Comment</b>
21	_____	_____	_____
22	_____	_____	_____
23	_____	_____	_____
24	_____	_____	_____

## Run template map

The following template demonstrates the location of the samples listed above for analysis with the *therascreen* EGFR RGQ control reaction and the map of the 72 well rotor for the Rotor-Gene Q MDx.

PC	7	15	23	n.a.*	n.a.	n.a.	n.a.	n.a.
NTC	8	16	24	n.a.	n.a.	n.a.	n.a.	n.a.
1	9	17	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2	10	18	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
3	11	19	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
4	12	20	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
5	13	21	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
6	14	22	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

\* n.a.: not applicable.



**Note:** If the rotor is not fully occupied, all empty positions on the rotor must be filled with empty capped tubes. This ensures that the thermal efficiency of the Rotor-Gene Q MDx instrument is maintained.

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## Signatures

### Operator 1

Signature:

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Date:

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### Operator 2 (optional)

Signature:

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Date:

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### Supervisor

Signature:

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Date:

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