
therascreen[®] EGFR RGQ PCR Kit

Documentation Template

FFPE sample preparation using the QIAamp[®] DSP DNA FFPE Tissue Kit

therascreen EGFR RGQ PCR Kit, Version 1, 870121

Sample preparation run ID:

To be referenced on *therascreen* EGFR RGQ Kit Documentation Template: DNA sample assessment analysis and Documentation Template: Detection of *EGFR* mutations

Date:

Operator details

Name of operator 1:

Name of operator 2 (optional):

QIAamp DSP DNA FFPE Tissue Kit information

Kit catalog number: 60404 Confirm:

Kit lot number:

Kit expiration date:

Buffer ATL checked for absence of precipitates

Precipitates detected? (Y/N):

Buffer ATL heated to 70°C
(if precipitates detected)? (Y/N):

Buffer AL checked for absence of precipitates

Precipitates detected? (Y/N):

Buffer ATL heated to 70°C
(if precipitates detected)? (Y/N):

August 2013



Sample & Assay Technologies

Buffer AW1 reconstituted with 25 ml molecular biology grade ethanol
(96–100%); reconstitution date:*

Buffer AW2 reconstituted with 30 ml molecular biology grade ethanol
(96–100%); reconstitution date:*

Run details

Start of sample preparation (hh:mm):

End of sample preparation (hh:mm):

Use 120 μ l Buffer ATE for elution

Reagents and equipment provided by the laboratory

Xylene

Manufacturer:

Lot number:

Comment:

Ethanol (96–100%)

Manufacturer:

Lot number:

Comment:

Heat incubation

Equipment identification:

Centrifuge

Equipment identification:

* Confirm that reconstituted component is used within its shelf life (prior to date printed on label or within 12 months after reconstitution).

Sample details

Sample number	Patient ID	Confirm 2 sections used	Comment
1	_____	<input type="checkbox"/>	_____
2	_____	<input type="checkbox"/>	_____
3	_____	<input type="checkbox"/>	_____
4	_____	<input type="checkbox"/>	_____
5	_____	<input type="checkbox"/>	_____
6	_____	<input type="checkbox"/>	_____
7	_____	<input type="checkbox"/>	_____
8	_____	<input type="checkbox"/>	_____
9	_____	<input type="checkbox"/>	_____
10	_____	<input type="checkbox"/>	_____
11	_____	<input type="checkbox"/>	_____
12	_____	<input type="checkbox"/>	_____
13	_____	<input type="checkbox"/>	_____
14	_____	<input type="checkbox"/>	_____
15	_____	<input type="checkbox"/>	_____
16	_____	<input type="checkbox"/>	_____
17	_____	<input type="checkbox"/>	_____
18	_____	<input type="checkbox"/>	_____
19	_____	<input type="checkbox"/>	_____
20	_____	<input type="checkbox"/>	_____
21	_____	<input type="checkbox"/>	_____
22	_____	<input type="checkbox"/>	_____
23	_____	<input type="checkbox"/>	_____
24	_____	<input type="checkbox"/>	_____

Signatures

Operator 1

Signature:

Date:

Operator 2 (optional)

Signature:

Date:

Supervisor

Signature:

Date:

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