

EQAPOL ELISpot EP5 Assay Questionnaire

Please complete this form upon completion of the ELISpot Assay.

Site Number

Date Assay Started [MM/DD/YY]

Operator

On a scale of 1 to 5, how would you rate the experience of the scientist performing the panel assay?

1 2 3 4 5

Very Little Experience

Very Experienced

Do you have personnel trained according to a SOP?

Yes

No

Is your lab audited by an internal and/or external entity?

Yes

No

Did you comply with all the ELISpot harmonization guidelines provided?

Yes

No

If no, please explain what was done differently.

Did you introduce any changes to your protocol in response to the harmonization guidelines?

Yes

No

If yes, please explain what was done differently.

Please answer the following questions about processing.

Thawing Medium

Thawing Medium Temperature

Did you rest the PBMCs before adding them to the plate?

Yes

No

If you rested the cells, for how

long?

What plating medium did you use?

Please indicate the number of cells plated per well.

What is your counting methodology (e.g. trypan blue, Guava, etc.)?

How were dead cells determined?

Did you add IL-2 to your culture medium? Yes
No

If so, at what concentration?

Did you pre-test your serum for performance Yes
No

Did you use a manual or automatic plate washer? Manual
Automatic

If it was automatic, what is the manufacturer?

Please answer the following questions about your ELISpot reader.

Which reader did you use for evaluation?

Did you experience problems reading your plates? Yes
No

If so, please explain.

Was Reader/Analyzer calibrated (i.e. Optimization Plate)? Yes
No

Does your reading SOP contain instructions for how to handle sporadic occurrence of artifacts? Yes
No

If yes, are you permitted to adapt parameters?

