## 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		1	2	3	4	5	
you rate the experience of the scientist performing the panel assay?	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 Yes adding them to the plate? 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?	

Was your plate audited?

Yes No

## Please answer the following questions about your In-house assay.

What plate did you use? Specify the membrane and manufacturer.

Did you use precoated plates? Yes	Did
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No

If yes, from whom?

How many days/hours of incubation?

Specify the antibody source used.

What are the criteria to define a postive result in your assay?

What are the pass/fail criteria for an ELISpot plate?

Thank you for completing the survey. Please select the "Save" button to save your results. Please note that it will take a few minutes for your questionnaire to appear as "Submitted" in the web-based system.

Save