PVS

Pipet Verification Service

INSTRUCTIONS FOR USE

INTENDED USE
These reagents and supplies are designed for preparing a solution that is used to verify the calibration of a pipet or dilutor. The solution is returned to Streck for processing in order to determine the volume delivered by the pipet or dilutor.

SUMMARY AND PRINCIPLES
Clinical laboratories are required to verify the calibration of their pipets. The Pipet Verification Service provides a means of evaluating the accuracy and reproducibility of pipets or dilutors used in the clinical laboratory and allows the technologist to continue using the pipet while verification is performed.

The pipet to be verified is used to dispense a volume of a standard pipetting solution into replicate vials. These vials are shipped to Streck where the pipet volume is determined.

REAGENTS
Each kit contains six vials of Receiver Solution and one or two vials of Pipetting Solution.

PRECAUTIONS
SDS can be obtained at streck.com, by calling 800-843-0912, or by calling your local supplier.

STORAGE AND STABILITY
All reagents should be stored at 2 °C to 30 °C. All reagents are stable at the specified storage conditions until the expiration date printed on the vial label. **Pipetting Solution vials should be used the same day they are opened and must be received by Streck for analysis prior to the expiration date.**

INDICATION OF PRODUCT DETERIORATION
The Pipetting Solution may form a precipitate if exposed to temperatures below freezing for an extended period of time. If a precipitate occurs, bring the solution to room temperature while mixing the vial thoroughly. Once no precipitate is observed, the solution is acceptable for use. Report any discrepancies to Technical Services at 800-843-0912 or technicalservices@streck.com.

PIPETTING
Pipet carefully and accurately in the same manner as you would a patient sample. Follow the pipet manufacturer's instructions for optimal precision and accuracy.

LIMITATIONS
Product is intended for use as supplied. Any dilution or adulteration of reagents other than prescribed under **INSTRUCTIONS FOR USE** invalidates diagnostic use. Incomplete tightening of vial caps may invalidate results.

Expired kits cannot be processed.

EXPECTED RESULTS
Results will be calculated by Streck and a report will be made available within 2 business days. You will receive a notice once your report is available to access the report in your portal at https://pvs.streck.com/.

INSTRUCTIONS FOR USE
Kits without barcode on PVS information card.

Use a separate kit for each volume to be tested.
Note: When testing the range of a variable volume pipet, a separate kit must be used for each volume.

1. **Only test a volume that falls within the pipet range stated on the PVS Kit box label**. Pipet the Pipetting Solution into one of the vials labeled Receiver Solution. Replace the Receiver Solution vial cap and return the vial to the PVS kit.

REPLACE CAP AS TIGHTLY AS POSSIBLE. THIS IS A QUANTITATIVE TEST SYSTEM. ANY LOSS OF LIQUID WILL CAUSE ERRONEOUS TEST RESULTS.

2. Repeat Step 1 with the same pipet and volume for all six receiver vials. A new tip should be used for each vial.
3. Complete the PVS Information Form and place it inside of the PVS kit or download the PVS Information Form from the PVS product page at streck.com. Complete the gray fields electronically, print the form, fold and place it inside the PVS kit.

To ensure accurate and timely processing of your PVS kit, please make sure that ALL of the following fields are filled out completely and are legible.

- The name of the pipet operator who performed the verification test
- The facility name exactly as you would like it to appear on the report
- The phone number for any questions that may arise
- The email address where you would like to receive a copy of your report
- Indicate the kit number out of total kits sent
- The pipet identification number. **All pipets/diluters must have an identification number. If your pipet does not have an ID number, please assign one before sending the PVS kit to Streck**. The ID number will ensure that the results correspond to the correct pipet.
- The pipet or diluter volume that was tested. **Only print the volume that was tested. If testing a variable volume pipet, DO NOT print the range of the pipet.**

4. Return all vials to the PVS kit box, close and seal with tape.
5. Attach the prepaid return mailing label and return to Streck within 35 days of pipetting. **Ensure the kit is received by Streck prior to the expiration date**.

Kits with barcode on PVS information card.

Use a separate kit for each volume to be tested.
Note: When testing the range of a variable volume pipet, a separate kit must be used for each volume.

1. **Only test a volume that falls within the pipet range stated on the PVS Kit box label**. Pipet the Pipetting Solution into one of the vials labeled Receiver Solution. Replace the Receiver Solution vial cap and return the vial to the PVS kit.

REPLACE CAP AS TIGHTLY AS POSSIBLE. THIS IS A QUANTITATIVE TEST SYSTEM. ANY LOSS OF LIQUID WILL CAUSE ERRONEOUS TEST RESULTS.

2. Repeat Step 1 with the same pipet and volume for all six receiver vials. A new tip should be used for each vial.
3. If login is already created on https://pvs.streck.com/, please skip to step 4. If you have not created an account, please go to https://pvsdev.streck.com/help and follow the setup account instructions.
4. Log into account at https://pvs.streck.com/ and submit a kit.
   Fill in the following fields:
   Barcode number – you can scan or type in the barcode found on the bottom of your PVS Information Form.
   Select a Lab – Choose which lab performed this test. If this is a new lab press the plus button next to "Select a Lab" to add a new one.
   Select a Pipet – Choose which pipet the test was performed on. If this is a new pipet press the plus button next to "Select a Pipet" to add a new one.
   Select an Operator – Choose which operator performed the test. If this is a new operator press the plus button next to "Select an Operator" to add a new one.
   Piper Delivery Volume – type in the amount of volume pipetted using ul. If you receive an error at this step, please ensure barcode is correct.
   Date Entered – Enter the date which your lab processed the kit.
5. Complete the PVS Information Form and place it inside of the PVS kit or download the PVS Information Form from the PVS product page at streck.com. Complete the gray fields electronically, print the form, fold and place it inside the PVS kit.

To ensure accurate and timely processing of your PVS kit, please make sure that ALL of the following fields are filled out completely and are legible.

- The name of the pipet operator who performed the verification test
- The facility name exactly as you would like it to appear on the report
- The phone number for any questions that may arise
- The email address where you would like to receive a copy of your report
- The Pipet ID. All pipets/diluters names/numbers must match the name/number on the application. If your pipet does not have an ID name or number, please assign one before sending the PVS kit to Streck. The ID will ensure the results correspond to the correct pipet.
- The pipet or diluter volume that was tested. Only print the volume that was tested in µl. If testing a variable volume pipet, DO NOT print the range of the pipet.

6. Return all vials to the PVS kit box, close and seal with tape.
7. Attach the prepaid return mailing label and return to Streck within 35 days of pipetting. **Ensure the kit is received by Streck prior to the expiration date**.

ORDERING INFORMATION
Please call our Customer Service Department at 800-228-6090 for assistance. Additional information can be found online at streck.com.

PVS APPLICATION
The PVS Application can be found at https://pvs.streck.com/. For Setup instructions, FAQs and How-to Videos, please go to https://pvsdev.streck.com/help.

GLOSSARY OF SYMBOLS
See the Instructions (IFU) tab under Resources on the product page at streck.com.

See streck.com/patents for patents that may be applicable to this product.

Streck
7002 S. 109 Street, La Vista, NE 68128 USA

350496-16
2024-07