

MiSeq System

System Health Check Certification

MiSeq Serial Number	Instrument Serial Number: Type serial number here.
Customer/Institution Name	Type customer/institution name here.
Date of Service	Click or tap to enter a date.

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1 Introduction

MiSeq System Health Check Certification confirms that a System Health Check has been performed on the MiSeq System, and that the system meets Illumina specifications. System Health Check certification is for System Health Check service only.

2 Contact and Instrument Location Information

Customer/Institution Information

Customer/Institution Name	Type here.
Contact Name	Type here.
Address	Type here.
Telephone	Type here.
Email	Type here.

Illumina Personnel Information

Name	Type here.
Title	Type here.
Telephone	Type here.
Email	Type here.

Instrument Location

City	Type here.
Building	Type here.
Floor and Room	Type here.

3 Software Identification

3.1 Firmware

Component	Version
FPGA	Type here.

3.2 RUO Hard Drive

3.2.1 MiSeq Reporter Installation

Complete this table if the hard drive on this instrument has the MiSeq Reporter software suite. If Local Run Manager is installed, select the Not applicable checkbox, and complete section 3.2.2 [Local Run Manager Installation](#)

Component	Version	Applicability for this Instrument
MiSeq Control Software (RUO)	Type here.	<input type="checkbox"/> Not applicable.
MiSeq Test Software (RUO-MSR)	Type here.	
MiSeq Reporter (RUO)	Type here.	
RTA (RUO)	Type here.	
Recipe Fragment (RUO)	Type here.	
MiSeq Reporter Genomes (RUO)	Type here.	
BaseSpace Broker (RUO)	Type here.	

3.2.2 Local Run Manager Installation

Complete this table if the hard drive on this instrument has the Local Run Manager software suite. If MiSeq Reporter is installed, select the Not applicable checkbox, and complete section 3.2.1 [MiSeq Reporter Installation](#)

Component	Version	Applicability for this Instrument
MiSeq System Suite (RUO)	Type here.	<input type="checkbox"/> Not applicable.
MiSeq Test Software (RUO-LRM)	Type here.	
DNA Amplicon (RUO)	Type here.	
DNA Enrichment (RUO)	Type here.	
RNA Amplicon (RUO)	Type here.	
Generate FASTQ (RUO)	Type here.	

Comments (Enter N/A if no comments)

Type here.

3.3 Software/Firmware Verification

Component	Date
Date of last software configuration (Date that you verified the software/firmware configuration.)	Click or tap to enter a date.

Comments (Enter N/A if no comments)

Type here.

4 Component Replacement

Component	Replaced
Pump syringe	<input type="checkbox"/> Yes <input type="checkbox"/> No
Air filter, base pan	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments (Enter N/A if no comments)

Type here.

5 Component Inspection and Maintenance

Component	Inspection and Maintenance Performed
Sipper motor inspected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sipper lead screw lubricated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Piercing probe assembly inspected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Syringe assembly inspected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Y-stage lead screw tested	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flow cell manifold inspected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flow cell TEC tested and cleaned	<input type="checkbox"/> Yes <input type="checkbox"/> No
Touch screen cleaned	<input type="checkbox"/> Yes <input type="checkbox"/> No
Instrument skins cleaned	<input type="checkbox"/> Yes <input type="checkbox"/> No
UPS present	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments (Enter N/A if no comments)

Type here.

6 System Requalification

Component	Meets Specification
Motion system tested	<input type="checkbox"/>
Imaging module optics tested	<input type="checkbox"/>
Lane center and rotation tested	<input type="checkbox"/>
Reagent delivery volumes tested	<input type="checkbox"/>
Thermal ramping of flow cell TEC tested	<input type="checkbox"/>
Chiller temperature tested	<input type="checkbox"/>

Comments (Enter N/A if no comments)

Type here.

Illumina Certification

I certify that all information I have provided in this document is true and accurate. I certify that all tests I have performed were conducted in accordance with published Illumina procedures that apply to the instrument listed on this form.

Illumina Personnel Signature _____

Printed Name Type here.

Printed Title Type here.

Date Click here to enter a date.