

BVHS Laboratory Point of Care Testing McKesson Consult 120 Urine Analyzer Serial Number _____ Year _____ Form updated 10/11/2023 LTR
 Liquid Diptube Urine Control Level 1 _____ 2 _____ Lot# _____ Expiration Date _____ Month _____

Expected Values:	LEU	NIT	URO	PRO	pH	BLO	SG	KET	BIL	GLU	McKesson Consult 10SG Strip Lot #	Strip Exp. Date	Initials
Day 1													
2													
3													
4													
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Monthly Supervisory Review by: _____ Date: _____