

BVHS Laboratory Point of Care Testing Medline 120 Mini Urine Analyzer Serial Number _____ Year _____

Mission Liquid Urine Control Level 1 _____ 2 _____ Lot# _____ Expiration Date _____ Month _____

Expected Values:	LEU	NIT	URO	PRO	pH	BLO	SG	KET	BIL	GLU	Medline 10SG Strip Lot #	Strip Exp. Date	Initials
Day 1													
2													
3													
4													
5													
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31													

Monthly Supervisory Review by: _____ Date: _____