BVHS Laboratory Point of Care Testing form revised 6/2/2023 LTR

Urine hCG Combo Rapid Test **Monthly QC and Patient Record with Internal Controls**

Kit Lot #_____ Exp Date_____ Control set Lot #_____ Exp Date_____

Pos Control Lot #_____ Exp Date_____ Neg Control Lot #_____ Exp Date_____

Date	Patient Name	Patient ID Number	Patient Result (Pos or Neg)	Red Line in Control Region (C) Procedural Control Valid? Yes or No	Clear Background Procedural Control Valid? Yes or No	Trained Operator Initials
	1. Positive Control	Positive Control				
	2. Negative Control	Negative Control				
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
	11.					
	12.					
	13.					
	14.					
	15.					
	16.					
	17.					
	18.					
	19.					
	20.					
	21.					
	22.					
	23.					
	24.					
	25.					
	26.					
	27.					
	28.					
	29.					
	30.					

LTR 49160

Supervisory review by: _____ Date: _____