**SURE-VUE URINE HCG TEST**

Run at least 2 QC every day of testing

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/YR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FAX MONTHLY TO ANCILLARY TESTING COORDINATOR AT 814-860-2082**

**Quality Control Log**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Patient name, SS#** | **Test lot# Test Exp. Date** | **Int. QC** | **Result** | **Negative**  **Control** | **Low Positive**  **Control** | **High Positive**  **Control** | **Initials** |
|  |  |  |  |  | Lot#  Exp: | Lot#  Exp | Lot#  Exp |  |
| Result: | Result | Result |
|  |  |  |  |  | Lot#  Exp: | Lot#  Exp: | Lot#  Exp: |  |
| Result | Result | Result |
|  |  |  |  |  | Lot#  Exp: | Lot#  Exp: | Lot#  Exp: |  |
| Result | Result | Result |
|  |  |  |  |  | Lot#  Exp: | Lot#  Exp: | Lot#  Exp: |  |
| Result | Result | Result |
|  |  |  |  |  | Lot#  Exp: | Lot#  Exp: | Lot#  Exp: |  |
| Result | Result | Result |
|  |  |  |  |  | Lot#  Exp: | Lot#  Exp: | Lot#  Exp: |  |
| Result | Result | Result |

**#Tests left: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Ancillary Testing Coordinator Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**