CHI Franciscan Health
Our best care. Your best health.℠

FORM

R-F-SER-1400-02

HCG URINE AND SERUM REAGENT VERIFICATION LOG

☒ St. Joseph Medical Center, Tacoma, WA
☒ St. Francis Hospital, Federal Way, WA
☒ St. Clare Hospital Lakewood, WA
☒ St. Anthony Hospital Gig Harbor, WA
☒ St. Elizabeth Hospital Enumclaw, WA
☒ Highline Medical Center Burien, WA
☐ Harrison Medical Center, Bremerton, WA
☐ Harrison Medical Center, Silverdale, WA
☐ PSC

HCG Kit Name and Manufacturer: _____ **(please use new sheet if this changes)**

Serum Control Manufacturer and Control name: _____ **(please use new sheet if this changes)**

Urine Control Manufacturer and Control name: _____ **(please use new sheet if this changes)**

Date Rec'd	Reagent Lot #	• Qty Rec'd • Dept QC'd for	Reag Exp Date	Urine Pos • Control Lot# • Exp. Date • QC Result	Urine Neg • Control Lot# • Exp. Date • QC Result	Serum Pos • Control Lot# • Exp. Date • QC Result	Serum Neg • Control Lot# • Exp. Date • QC Result	Date QC'd	Result OK? Y/N	Date In Use	Tech ID