**OVERTON BROOKS VAMC**

**URING hCG TRAINING/COMPETENCY**

**Perform testing on the following urine QC levels and document.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Specimen** | **Result**  | **Internal Control “C”** | **Kit Lot Number** | **Expiration Date** |
| **Urine QC 1** |  |  |  |  |
| **Urine QC 2** |  |  |  |  |

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email a copy of this completed form to the Ancillary Testing Coordinator:** **Alkico.Freeman@va.gov**

**(P&LMS PERSONNEL ONLY)**

**VERIFIED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**