**Patient and Quality Control Log Sheet for Sure-Vue Urine hCG Test**

Quality Control for day must be acceptable to report patient result

CLINIC LOCATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KIT LOT NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EXPIRE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| Date and Time | Sample name  (full Name for Pt., Level for control) | Sample number  (full SSN for Pt. Lot # and Exp. For control) | Tester’s Name | Result (POS /NEG) | Internal QC acceptable  Y/N | Liquid QC acceptable  Y/N |
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