

**University of Colorado Hospital – Clinical Laboratory
Point of Care Testing Program
Cholestech LDX Patient and Control Worksheet**

Location: _____ **Month & Year** _____ **Cholestech Serial Number:** _____

Cassette Lot #/New Shipment Lot # : _____ **Exp:** _____ **Self Test (√) if OK** _____ **Optics (√) if OK** _____

Liquid QC (1) Lot #: _____ **Exp:** _____ **Liquid QC (2) Lot #:** _____ **Exp:** _____

Liquid Control Results: T Cholesterol: _____ **acceptable range:** _____
Level 1 HDL Cholesterol: _____ **acceptable range:** _____
Triglycerides: _____ **acceptable range:** _____

Liquid Control Results: T Cholesterol: _____ **acceptable range:** _____
Level 2 HDL Cholesterol: _____ **acceptable range:** _____
Triglycerides _____ **acceptable range:** _____

Performed by: _____ **Date:** _____

Date	User Initials	Self Test (√) if OK	Optics (√) if OK	Patient Name and Medical Record Number	Total Cholesterol Results	HDL Cholesterol Results	Triglyceride Results	LDL Results	Comments

***Do not report any patient results until control problem is resolved. If control is still unacceptable, contact Administrative Lab Coordinator.**

User initials	PRINT Name	User initials	PRINT Name	User initials	PRINT Name

Site Review by: _____ **Date:** _____ **Corrective Actions:** _____
Person Contacted: _____

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POCT LOG REVIEW CHECKLIST

Quality Control

Reagent/Cassette information

Reagent/Cassette lot # information written? YES NO
 Was the expiration date in-date? YES NO

Liquid QC

Was the lot number information entered for both controls? YES NO
 Were both control expiration dates in-date? YES NO
 Was the Level 1 Control result acceptable? YES NO
 Was the Level 2 Control result acceptable? YES
 NO Was the date the controls performed entered? YES NO

Internal QC

Was the Selftest acceptable? YES NO
 Were the Optics Check acceptable? YES NO

Patient Information

Were the patient names and identifiers entered? YES NO
 Were the patient results valid? YES NO

Other Information

Were the Tech name and initials written? YES NO

IF...	THEN...
all the questions are answer with "YES"	no corrective action needed.
one or more of the questions is answer with "NO"	corrective action is needed.

****Note:** Please, write your initials and the date at the bottom of the log as confirmation that the log was reviewed.