

**University of Colorado Hospital—Clinical Laboratory  
Point of Care Testing Program  
Rapid Flu (QuickVue Influenza) Patient and Quality Control Worksheet**

**Location:**

**Month & Year:**

New Box QuickVue Influenza Lot #:	Exp. Date:	Positive A Control Lot #:	Exp. Date:
Test Strip Lot #:	Exp. Date:	Positive B Control Lot #:	Exp. Date:
Powder Extraction Tube Lot #:	Exp. Date:	Negative Control Lot #:	Exp. Date:
Solution Extraction Reagent Lot #:	Exp. Date:	Positive A Swab Result:	Positive B Swab Result:
Sterile Swab Lot #:	Exp. Date:	Negative Swab Result:	
		Date Controls Run:	Initials:
		Blue Control Line (✓ if ok)	Background Clear (✓ if ok)

Date	Initial	Internal QC		Patient Name & Medical Record Number	Result	Comments
		Blue Control Line (✓ if ok)	Background Clear (✓ if ok)			

**\*If control results are NOT acceptable, control must be repeated. If control is still out, contact Lab Point of Care Coordinator.**

**\*Do not report any patient results until control problem is resolved.**

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

**Weekly Site Review by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Corrective Actions** \_\_\_\_\_ **Person Contacted** \_\_\_\_\_

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POCT LOG REVIEW CHECKLIST

**Quality Control**

Reagent/Kit information

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

Swab QC

Was the lot number information entered for all controls? YES  NO  N/A   
 Were all control expiration dates in-date? YES  NO   
 Was the Positive Flu A Control result acceptable? YES  NO   
 Was the Positive Flu B Control result acceptable? YES  NO   
 Was the Negative Control result acceptable? YES  NO   
 Was the date the controls performed entered? YES  NO

Internal QC

Was the Internal Procedural Control acceptable? YES  NO  N/A

**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.