

**University of Colorado Hospital – Clinical Laboratory
Point of Care Testing Program
Rapid Strep A (OSOM) Patient and Control Worksheet**

Location:

Month & Year

| | | | |
|---|---|---|--|
| New Box OSOM Strep A Lot #: | Exp. Date: | Positive External Control Lot #: | Exp. Date: |
| Test Stick Lot #: | Exp. Date: | Negative External Control Lot #: | Exp. Date: |
| Extraction Reagent 1 Lot #: | Exp. Date: | External Control Results (run with each new box and every 25 test sticks) | |
| Extraction Reagent 2 Lot #: | Exp. Date: | 1 st 25 sticks | Positive: Negative: Date: Initial: |
| Sterile Rayon Swab Lot #: | Exp. Date: | 2 nd 25 sticks | Positive:: Negative: Date: Initial: |
| Internal QC Positive (red control line) (✓ if ok) | Internal QC Negative (clear background) (✓ if ok) | Internal QC Reagent Control (pink to yellow) (✓ if ok) | |

| Date | Initial | Internal QC Positive (red control line) | Internal QC Negative (clear bkgrd) | Internal QC Reagent Ctrl (pink to yellow) | Patient Name and Medical Record Number | Result | Negative Sample Sent to Lab | Comments |
|------|---------|--|---------------------------------------|--|--|--------|-----------------------------|----------|
| | | | | | | | | |
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| | | | | | | | | |

***If an internal and/or external control result is NOT in the acceptable range, 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

Liquid QC

Was the lot number information entered for both controls? YES NO
 Was the Liquid Negative Control result acceptable? YES NO
 Was the Liquid Positive Control result acceptable? YES NO
 Was the date the controls performed entered? YES NO

Internal QC

Was the Positive Internal Control acceptable? YES NO N/A
 Was the Negative Internal Control acceptable? YES NO N/A
 Was the Extraction Reagent 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.