

**University of Colorado Hospital – Clinical Laboratory
Point of Care Testing Program
Urine Drug Screen Multi Drug Patient and Control Worksheet**

Location: _____

Test Device Lot # : _____ Exp: _____ Initial: _____	Int. Control OK (✓)	AMP	COC	THC	m AMP	OPI	PCP	BZ O	MTD	BAR	OXY
Liquichek™ Negative Control lot # _____ Mfg. Exp. Date: _____											
Neg Control Date Opened: _____ 30 day Exp. Date: _____ Date Tested: _____ Results: _____											
Liquichek™ Positive Control lot# _____ Mfg. Exp. Date: _____											
Pos Control Date Opened: _____ 30 day Exp. Date: _____ Date tested: _____ Results: _____											

Liquid QC must be performed with every new opened box of test devices.

Date	Initial	Patient Name/ Medical Record Number	Int. Ctrl OK (✓)	AMP	COC	THC	mAMP	OPI	PCP	BZO	MTD	BAR	OXY	Comments

If controls do not yield the correct results, control must be repeated with a new device. If control is still unacceptable, contact Administrative Lab 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
 Were both control expiration dates in-date? YES NO
 Was the Negative Control result acceptable? YES NO
 Was the Positive 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.