

NexScreen™ Cup Urine Drug Screen Quality Control Test Record

Today's Date:	Test Performed by:
Test CUP Lot Number:	Test CUP Expiration Date:

Perform Positive QC Test and Negative QC test monthly and upon new shipments and new lots.

Control Line and Test Line: Circle either P = Present, or A = Absent

Results: Circle either POS = Positive, or NEG = Negative, or INV = Invalid

POSITIVE QUALITY CONTROL TEST

POSITIVE Control Lot #: _____ **POSITIVE Control Exp Date:** _____

Drug (Analyte)	MET	PCP	COC	MD MA	OPI	OXY	AMP	MTD	BZO	BAR	TCA	BUP	THC
Control Line	P	P	P	P	P	P	P	P	P	P	P	P	P
	A	A	A	A	A	A	A	A	A	A	A	A	A
Test Line	P	P	P	P	P	P	P	P	P	P	P	P	P
	A	A	A	A	A	A	A	A	A	A	A	A	A
<u>Positive</u> Control Results	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG
	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV

NEGATIVE QUALITY CONTROL TEST

NEGATIVE Control Lot #: _____ **NEGATIVE Control Exp Date:** _____

Drug (Analyte)	MET	PCP	COC	MD MA	OPI	OXY	AMP	MTD	BZO	BAR	TCA	BUP	THC
Control Line	P	P	P	P	P	P	P	P	P	P	P	P	P
	A	A	A	A	A	A	A	A	A	A	A	A	A
Test Line	P	P	P	P	P	P	P	P	P	P	P	P	P
	A	A	A	A	A	A	A	A	A	A	A	A	A
<u>Negative</u> Control Results	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG
	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV

Reviewed / Approved by: _____ Date: _____