MULTISTIX (RENAL USE ONLY) – URINE DIPSTICK QUALITY CONTROL RECORD KOVA LIQUA-TROL NORMAL CONTROL LEVEL II (RUN WEEKLY)

Location:			
LEVEL II QC Lot#:	Expiration Date:	Date Opened:	
MULTISTIX Lot#:	Expiration Date:	Date Opened:	
MULTISTIX Lot#:	Expiration Date:	Date Opened:	
MULTISTIX Lot#:	Expiration Date:	Date Opened:	
MULTISTIX Lot#:	Expiration Date:	Date Opened:	

- 1. Normal control has known pH and negative/normal results. This will show if dipstick is giving false positive results.
- 2. Run Control Once a Week.
- 3. Verify control lot # on this form is the same lot # on control vial. Check expiration date.
- 4. Verify **MULTISTIX** lot # on this form is the same lot # on MULTISTIX vial.
- 5. Allow control to **come** to room temperature (20-30°C) for 15 minutes before testing.
- 6. Mix gently and then invert vial, squeeze sides, and apply control to the strip.
- 7. Record results on this form verifying results are within range.
- 8. If result(s) fall within range(s), report patient results.
- 9. If result(s) fall outside the range(s), repeat test. Contact POC Staff if problem persists.

DATE	Protein (Negative)	Blood (Negative)	Performed By	Comments

REVIEWED BY:	

MULTISTIX (RENAL USE ONLY) – URINE DIPSTICK QUALITY CONTROL RECORD KOVA LIQUA-TROL ABNORMAL CONTROL LEVEL I (RUN WEEKLY)

Location:			
LEVEL I QC Lot#:	Expiration Date:	Date Opened:	
MULTISTIX Lot#:	Expiration Date:	Date Opened:	
MULTISTIX Lot#:	Expiration Date:	Date Opened:	
MULTISTIX Lot#:	Expiration Date:	Date Opened:	
MULTISTIX Lot#:	Expiration Date:	Date Opened:	

- 1. Abnormal control has known pH and is positive for other tests. This will show if the dipstick is working properly.
- 2. Run Control Once a Week.
- 3. Verify control lot # on this form is the same lot # on control vial. Check expiration date.
- 4. Verify MULTISTIX lot # on this form is the same lot # on MULTISTIX vial.
- 5. Allow control to come to room temperature (20-30°C) for 15 minutes before testing.
- 6. Mix gently and then invert vial, squeeze sides, and apply control to the strip.
- 7. Record results on this form verifying results are within range.
- 8. If result(s) fall within range(s), report patient results.
- 9. If result(s) fall outside the range(s), repeat test. Contact POC Staff if problem persists.

DATE	Protein (Trace-500)	Blood (Trace-3+)	Performed By	Comments

REVIEWED BY:	