

MULTISTIX 7 – 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	Leukocytes (Negative)	Nitrite (Negative)	Protein (Negative)	pH (6.0-7.0)	Blood (Negative)	Ketones (Negative)	Glucose (Normal)	Performed By	Comments

REVIEWED BY: _____

MULTISTIX 7 – 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	Leukocytes (Trace-3+)	Nitrite (Positive)	Protein (Trace-300)	pH (7.0-8.0)	Blood (Trace – 3+)	Ketones (5-160+)	Glucose (100-2000)	Performed By	Comments

REVIEWED BY: _____