

**University of California San Francisco Medical Center
Point of Care Testing**

MULTISTIX AND URISTIX URINALYSIS

Controls must be done whenever a new bottle of teststrips is opened. Write date and initials on bottle with permanent marker to denote it has been QC'd.

Testing Location: _____ **Month/Year:** _____

Date	Test		Glucose	Bilirubin	Ketone	Specific Gravity	Blood	pH	Protein	Nitrite	Leukocyte	Init.
	Positive Control results should be:		100-250	Pos	Pos	1.000-1.015	Mod-Lrg	≥8.0	Tr-100	Pos	Tr-Mod	
	Negative Control results should be:		Neg	Neg	Neg	1.010-1.025	Neg	6.0-7.0	Neg	Neg	Neg	
	TESTSTRIP	Lot#: _____ Exp: _____										
	Positive Control	Lot#: _____ Exp: _____										
	Negative Control	Lot # _____ Exp: _____										
	TESTSTRIP	Lot#: _____ Exp: _____										
	Positive Control	Lot#: _____ Exp: _____										
	Negative Control	Lot # _____ Exp: _____										

Date	Problem	Corrective Action/Comments	Initials

Monthly Manager/Supervisor Review

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Initials												
Date												