

**UNIVERSITY OF CALIFORNIA SAN FRANCISCO MEDICAL CENTER  
POINT OF CARE TESTING QC LOG**

**IM CONFIRMS® II PREGNANCY TEST**

QC must be done each time a new box of **IM CONFIRMS II** devices/discs is opened. Write date and Initials on pkg with permanent marker to denote it has been QC'd.

Testing Location \_\_\_\_\_ Year \_\_\_\_\_

Date	Confirms II Test Lot #	Confirms II Test Exp. Date	Positive Control Solution Lot #	Positive Control Exp. Date (90 days after initial opening)	Control Test Result (Pos/Neg)	Negative Control Solution Lot #	Negative Control Exp. Date (90 days after initial opening)	Control Test Result (Pos/Neg)	Corrective Action / Comment	Initials

**Monthly Manager / Supervisor Reviews**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Initials												
Date												