UCSF Medical Center, San Francisco, CA 94143-0100
Clinical Laboratories, Point Of Care Testing
Tel: (415)-353-1630 Fax: (415) 353-1275

Fax Audit Results to : Outpatients - (415) 353-3439 Ambulatory Administration ATTN: Pt Care Director
Radiology/Nuclear Medicine -- (415) 353-1275 Clinical Lab ATTN: Marian Castillo

WAIVED TESTING MONTHLY SELF AUDIT

Please complete and FAX self audit results prior to the 1st of each month

Date: _____ Unit: _____ Address or Rm #_____

Test	Test Kit / Vial					Control Results OK? (Y / N)		Documentation OK? (Y / N)			Refrig. Temp Logs Present (Y / N)	Comments
	Lot #	Exp Date	Open Date	Dated? (Y / N)	Initial? (Y / N)	Pos or (High	Neg or (Low)	Error Correction	Corr. Action For Failed QC	QC Logs Mngr. Review Signature		

Performed By: _____ Date: _____Comment: _____

Reviewed By: _____Date: _____ Comment: _____
Timothy Hamill, MD (Medical Director)

Copy To: _____ Date: _____
Nursing Manager/Supervisor

Revised monthlyauditlog/B Yalich 11/08