

Fax Audit Results to : Outpatients--(415) 353-3439 Ambulatory Administration ATTN: Pt Care Analyst
 Radiology/Nuclear Medicine -- (415) 353-1275 Clinical Lab ATTN: Point of Care Testing

WAIVED TESTING MONTHLY SELF AUDIT

Please complete and FAX self audit results by the 7th of each month

Date: _____ Unit: _____ Address or Rm # _____

Test	Test Kit / Vial					Control Results OK? (Y / N)		Documentation OK? (Y / N / n/a)			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		
Multistix												
Coloscreen												
C. Developer												Urine Pregnancy Test Policy QC when box is initially opened Controls – good for 90 days Test devices – good till printed date
Urine Pregnancy devices												
Positive Control						n/a	n/a	n/a	n/a	n/a		Glucose Test Policy
Negative Control						n/a	n/a	n/a	n/a	n/a		Coding the meter when test strips are first opened.
Glucometer (serial #)		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		QC daily and when test strips are first opened
		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		Date and initial all vials
Gluc. Test Strips								n/a	n/a	n/a		Controls- good for 90 days
Gluc. Controls						n/a	n/a	n/a	n/a	n/a		Test strips- good up to date on vial

Performed By: _____ Date: _____ Comment: _____

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

Copy To: _____ Date: _____
 Nursing Manager/Supervisor