

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	7L03D	2009-05	10/08/08	Y	Y	Y	Y	Y	Y	Y	Y	
Coloscreen	04-07	06-11	06/02/08	Y	Y	Y	Y	Y	Y	Y	Y	
C. Developer	17-08-50091	5-11	12/9/08	Y	Y	Y	Y	Y	Y	Y	Y	Urine Pregnancy Test Policy QC when box is initially opened Controls – good for 90 days Test devices – good till printed date
Urine Pregnancy devices	F810003	2011/04	01/15/09	Y	Y	Y	Y	Y	Y	Y	Y	
Positive Control	CG2155	4/14/09	01/15/09	Y	Y	n/a	n/a	n/a	n/a	n/a	Y	Glucose Test Policy
Negative Control	N2156	4/14/09	01/15/09	Y	Y	n/a	n/a	n/a	n/a	n/a	Y	Coding the meter when test strips are first opened.
Glucometer (serial #)	UJ35003591	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	550631	08/31/09	12/30/08	Y	Y	Y	Y	n/a	n/a	n/a	Y	Controls- good for 90 days
Gluc. Controls	80860	4/10/09	01/11/09	Y	Y	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