UMDNJ
ROBERT WOOD JOHNSON MEDICAL SCHOOL
University of Medicine & Dentistry of New Jersey

TESTING LOG
University Diagnostic Laboratories
POCT PROGRAM

FACILITY:_____

DEPARTMENT AND DIVISION:_____

TEST: _____

REAGENT LOT NUMBER:_____

MONTH/YEAR:_____

REAGENT KIT EXPIRATION DATE:_____

TEST REMINDERS:

1) Follow procedure and recommended timing carefully to obtain accurate results!
2) If CONTROLS FAIL. Indicate investigation results AND corrective action on the back of this sheet. SIGN & DATE!
3) Use a new test log sheet when a new reagent lot is introduced!
4) Operator's printed name MUST appear once per page
5) Guaiac: - let dry at least 3 minutes. Test Patient (read at 60 seconds) then Control area (read at 10 seconds).
6) Urine dipstick uses a separate log, use the Urine Dipstick Test Log
7) Urine pregnancy. Use the pipette in the kit. Monitor timing carefully. (QUIDEL - 3 drops; read at 3 minutes)
8) Flu testing. Monitor timing carefully. (QUIDEL - READ at 10 minutes)

DATE:	PATIENT NAME or QC Name and Lot Number:	RESULT:	C Line Present ? (Y or N)	Controls Acceptable?	OPERATOR NAME/ INITIALS