St. Joseph's/Candler Health System
Point of Care
Sure-Vue Urine Pregnancy Result Form

Test Kit Lot # _____	Kit Receipt Date _____	Date in Use _____	Operator Initials _____
Positive External QC Lot # _____	QC Expiration _____	Date in Use _____	Operator Initials _____
Negative External QC Lot # _____	QC Expiration _____	Date in Use _____	Operator Initials _____

Date	Patient ID	Patient DOB	External QC Results (check if acceptable)		Test Result POS, NEG or INV	Internal Control (check if acceptable)	Operator Initials	Order/ Result Entry Completed by
			POS	NEG				

Use one sheet per day of use.

Invalid Result: External and/or Internal QC is not acceptable.
* If repeated & still invalid: Recollect in 48-72 hours.

Reviewed by: _____