MCL Medical Center of Louisiana
Point of Care Testing

Urine Pregnancy Test --Patient Result and Quality Control Documentation Form

_both controls must be documented with each patient

Year_____ **Lot #_____**

Date	***Medical Record Number or Social Security Number or Patient's name***	***Patient's Results*** + denotes positive – denotes negative	***Internal Controls***		Test Performed by **(Please Print)**
			Positive Control √ means top line "C" was detected	***Negative Control*** √ means no interfering background seen	