KETODIASTIX STRIP LOT # _____					EXPIRES_____			PIU_____								
KETOSTIX STRIP LOT #_____					EXPIRES_____			PIU_____								
ALBUSTIX STRIP LOT # _____					EXPIRES_____			PIU_____								
URISTIX STRIP LOT # _____					EXPIRES_____			PIU_____								
QC LEVEL **1** LOT # _____					EXPIRES_____			PIU_____								
QC LEVEL **2** LOT # _____					EXPIRES_____			PIU_____								
					KETOSTIX											
DATE	**LEVEL**				**KETO**	**INIT**										
1	***1***															
	2															
2	***1***															
	2															
3	***1***															
	2															
4	***1***															
	2															
5	***1***															
	2															
6	***1***															
	2															
7	***1***															
	2															
8	***1***															
	2															
9	***1***															
	2															
10	***1***															
	2															
11	***1***															
	2															
12	***1***															
	2															
13	***1***															
	2															
14	***1***															
	2															
15	***1***															
	2															
16	***1***															
	2															
17	***1***															
	2															
18	***1***															
	2															
19	***1***															
	2															
20	***1***															
	2															
					KETOSTIX											
DATE	**LEVEL**				**KETO**	**INIT**										
21	***1***															

MONTH_____

AREA_____

LSUHSC -SHREVEPORT
POINT-OF-CARE TESTING
URINE DIPSTICK QC

	2														
22	***1***														
	2														
23	***1***														
	2														
24	***1***														
	2														
25	***1***														
	2														
26	***1***														
	2														
27	***1***														
	2														
28	***1***														
	2														
29	***1***														
	2														
30	***1***														
	2														
31	***1***														
	2														

QC TROUBLESHOOTING COMMENTS:_____

_____

_____

_____

_____

_____

AREA SUPERVISOR REVIEW:_____**DATE:**_____

POCT PERSONNEL REVIEW:_____**DATE:**_____

MONTH_____