

Urine Dipstick Form B1 - **Normal Quality Control** Record Sheet

Weekly Urine Quality Control (UQC) – BioRad qUAntify® NORMAL LEVEL 1 (BLUE)

Note: Room Temperature stability is 10 days. Obtain from Chemistry Lab walk-in fridge – C&W Point of Care Testing 604-875-2345 ext: 7521

Date Performed :

Performed by :

Chemstrip10A Lot #

Expiration date:

UQC Lot #

Expiration date:

Room #												
Specific Gravity	<input type="checkbox"/> 1.015	<input type="checkbox"/> 1.015	<input type="checkbox"/> 1.015	<input type="checkbox"/> 1.015	<input type="checkbox"/> 1.015	<input type="checkbox"/> 1.015	<input type="checkbox"/> 1.015	<input type="checkbox"/> 1.015	<input type="checkbox"/> 1.015	<input type="checkbox"/> 1.015	<input type="checkbox"/> 1.015	<input type="checkbox"/> 1.015
	<input type="checkbox"/> 1.020	<input type="checkbox"/> 1.020	<input type="checkbox"/> 1.020	<input type="checkbox"/> 1.020	<input type="checkbox"/> 1.020	<input type="checkbox"/> 1.020	<input type="checkbox"/> 1.020	<input type="checkbox"/> 1.020	<input type="checkbox"/> 1.020	<input type="checkbox"/> 1.020	<input type="checkbox"/> 1.020	<input type="checkbox"/> 1.020
	<input type="checkbox"/> 1.025	<input type="checkbox"/> 1.025	<input type="checkbox"/> 1.025	<input type="checkbox"/> 1.025	<input type="checkbox"/> 1.025	<input type="checkbox"/> 1.025	<input type="checkbox"/> 1.025	<input type="checkbox"/> 1.025	<input type="checkbox"/> 1.025	<input type="checkbox"/> 1.025	<input type="checkbox"/> 1.025	<input type="checkbox"/> 1.025
	<input type="checkbox"/> 1.030	<input type="checkbox"/> 1.030	<input type="checkbox"/> 1.030	<input type="checkbox"/> 1.030	<input type="checkbox"/> 1.030	<input type="checkbox"/> 1.030	<input type="checkbox"/> 1.030	<input type="checkbox"/> 1.030	<input type="checkbox"/> 1.030	<input type="checkbox"/> 1.030	<input type="checkbox"/> 1.030	<input type="checkbox"/> 1.030
pH	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
LEU	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG
NIT	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG
PRO	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG
GLU	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM
KET	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG
URO	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM
BILI	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG

PHSA Laboratories CW Site - Point of Care
Title: CWPC_UDIP_0115 Urine Dipstick Form B1 - Normal Quality Control Record Sheet

BLOOD	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG	<input type="checkbox"/> NEG
--------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------

Medical Approval: Dr Benjamin Jung
Version: 1.4
Folder Name: CW\Point of Care\Urine Dipstick

Medical Approval Date: 28 Dec 2016
Implementation Date: 3/15/2020 3:26:29 PM

This is a controlled document for CW use only. Any printed copies are uncontrolled unless specified. Please refer to Lab QMS

REVISION LOG

Version	Revision Type	Description of Change	Revision Date	Technical Approval	Medical Approval
1.0		New document	Mar 15, 2020	Diane Sze	Dr. Li Wang

Attention: This document is published on the ePOPS website

Revisions made to this document require an update to the corresponding document published on ePOPS website.