

Urine Specific Gravity: Quality Control Record Form

Perform QC testing **DAILY** before patient testing or **WEEKLY** if instrument is not in use.

MONTH/YR: _____	WARD: _____	ATAGO # _____	S/N # _____
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	DH2O	BIORAD qUAntify QC
Open-bottle Expiry	1 month	3 months
Lot #	_____	Level 1: _____ Level 2: _____
Open Date	_____	_____

Acceptable Range:		1.000	1.010-1.025	1.005-1.015	DH2O & both levels within acceptable range? (Y / N*) <small>*If "N" -> Troubleshoot before patient testing</small>	Operator ID #
DATE	TIME	DH2O	LEVEL 1	LEVEL 2		

Send completed form by email to POCTLab@cw.bc.ca or by pneumatic tube to Lab.

Troubleshooting Notes: _____

REVISION LOG

Version	Revision Type	Description of Change	Revision Date	Technical Approval	Medical Approval
1.0		New document	Nov 2013	Elvira Kozak	Dr. Cathy Halstead
1.1	Minor	Revision	08 Aug 2016	Elvira Kozak	
1.2	Minor	Document title and number change. Upload to QMS document control	28 Dec 2016		Dr. Benjamin Jung
1.3	Minor	Reformatted. Removed Lot and exp.	Feb 21, 2018	Calvin Lee	Dr Benjamin Jung
1.4	Minor	Reformatted and reworded. Troubleshooting notes section added.	12 Nov 2019	Diane Sze	

Attention: This document is published on the BCCW ePOPS website

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