

Urine Specific Gravity: Form C - QC and Patient Results Record Form, Clinic

Daily on day of patient testing; Weekly, as a routine check, on a Monday.

Send Original Form Daily to Point Of Care Testing Rm. 2J8

Send Via Pneumatic tube: Station #343

Keep a Copy – ATAGO Pocket PAL 10S USG Binder – WARD DESK

Patient Test Record – ATAGO Pocket PAL-10S #4 (MIF / MDU) or #7 (Oncology Clinic)								
Time	DH2o Result	ZERO SET		DH2O Result	Operator ID	Oncology Clinic	Date: _____	
		YES	NO					
Daily Quality Control (UQC)– qUAntify Control				Exp: 14 OCT 2017		Monthly Proficiency Test – Kovatrol		
UQC	Lot # / expiry	Range	AVE	USG Result	Operator ID	Proficiency Test	Result	Operator ID
Level 1	78751 14.10.2017	1.010 – 1.025	1.018			Normal Level		
Level 2	78752 14.10.2017	1.005 – 1.015	1.010			Abnormal Level		
Time	Operator ID	Patient Name Last, first	MRN	DOB	USG Result AtagoPocket PAL	Request # MISYS Label	Date Resulted	MISYS ENTRY

Time	Operator ID	Patient Name Last, first	MRN	DOB	USG Result AtagoPocket PAL	Request # MISYS Label	Date Resulted	MISYS ENTRY

REFERENCES

ATAGO Instructions of Urine Specific Gravity Refractometer URIVON-Ne Textbook of Clinical Chemistry. Norbert W.Tietz 1986 WB Saunders

Medical Approval: Dr Benjamin Jung
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REVISION & APPROVAL LOG

Version	Revision Type	Description of Change	Revision Date	Technical Approval	Medical Approval
1.0		New document	Nov 13	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

Attention: This document is published on the BCCW SharePoint website

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