

APPENDIX 2 – Pregnancy Test Patient Worksheet

SITE: _____

DATE	LIS LABEL (WITH PHN AND WARD)	Circle SAMPLE TYPE	Circle PROCEDURE CONTROL	Circle RESULT	COMMENTS	TECH INITIALS
		URINE SERUM	PASS FAIL	POS NEG		
		URINE SERUM	PASS FAIL	POS NEG		
		URINE SERUM	PASS FAIL	POS NEG		
		URINE SERUM	PASS FAIL	POS NEG		

Supervisor Review: _____

Date: _____