OSOM BV Blue QC and Patient Log

Kit Lot #: _____ Exp Date: _____

Date	Tech	Positive Control			Negative Control			Internal QC OK?
		Lot #	Expiration Date	Result	Lot #	Expiration Date	Result	

Date	Tech	Last Name	First Name	Chart #	Test Result	Internal QC OK?	External QC OK?

Laboratory Director: _____ Date: _____