

# Sign off sheet for pregnancy test

Date: \_\_\_\_\_

Subject ID: \_\_\_\_\_

Pregnancy Test Kit Lot #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Subject: \_\_\_\_\_ (print)

Name of Clinician : \_\_\_\_\_ (print)

Urine sample obtained: Yes \_\_\_\_\_  
(Check one)

No \_\_\_\_\_

Using gloves, take a pipette and put **2 drops** of urine into the round sample well. Wait three minutes before reading the result. **Negative Results:** The test is negative if only a line appears at the Control Zone (C) in the result area. **Positive Results:** The test is positive if 2 colored lines appear. One colored line will appear at the Specimen Zone (S) and one at the Control Zone (C). **Invalid Results:** The test is invalid if no line appears at the Control Zone (C) even if a colored line appears at the Specimen Zone.

Results of pregnancy test (Check one):

Positive \_\_\_\_\_

Negative \_\_\_\_\_

If test gives invalid result retest the sample, using a new kit, and record above.

Comments (please indicate if multiple tests had to be done and confidence in test results):

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Signature of the clinician: \_\_\_\_\_

Date: \_\_\_\_\_