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 ____
(Click 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):

________________________________________________________________________

________________________________________________________________________

Signature of the clinician: _______________________________________

Date: _______________________________________________________