



The Johns Hopkins Medical Institutions  
The Johns Hopkins Hospital Point-of-Care Testing Program  
**URINE DIPSTICK (Multistix® 10SG)**  
Test for Operators

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Date: \_\_\_\_\_ Site: \_\_\_\_\_ Department: \_\_\_\_\_

***True or False (use "T" for true and "F" for false):***

1. \_\_\_\_\_ Urine may be tested within 6 hours of specimen collection, as long as it has been refrigerated.
2. \_\_\_\_\_ Urine dipsticks may be used to test gastric aspirant, cerebrospinal, blood and other body fluids.
3. \_\_\_\_\_ Quality control is performed by testing two control solutions (Quantimetrix Level 1 and Level 2) on each opened bottle of urine dipsticks.
4. \_\_\_\_\_ When QC is performed, the date, time, lot numbers / expiration dates of the urine dipsticks and control solutions, as well as the quality control results, are recorded on the Urine Dipstick QC Log.
5. \_\_\_\_\_ QC failures should be noted on the Urine Dipstick QC Log.
6. \_\_\_\_\_ Positive results for Leukocytes may occasionally be due to contamination of the specimen by vaginal discharge.
7. \_\_\_\_\_ Pink spots or pink edges on the Nitrite pad are interpreted as a positive result..
8. \_\_\_\_\_ The urine Glucose Test is specific for glucose.
9. \_\_\_\_\_ A Leukocyte strip result of Small or greater is a useful indicator of infection.
10. \_\_\_\_\_ Quantimetrix urine control solutions are stable at room temperature for 1 month.
11. \_\_\_\_\_ A urine Ketone result of Large (80-160 mg/dL) is a critical action value.
12. \_\_\_\_\_ Color changes that occur after the correct reading time can be reported.
13. \_\_\_\_\_ The urine Protein Test is specific for albumin.
14. \_\_\_\_\_ The correct reading time for Leukocytes is 60 seconds.
15. \_\_\_\_\_ For increased specific gravity accuracy, 0.005 is added to readings from urines with pH equal to or greater than 6.5.

The Johns Hopkins Medical Institutions  
The Johns Hopkins Hospital Point-of-Care Testing Program  
**URINE DIPSTICK (Multistix® 10SG)**  
Test for Operators

***Multiple Choice (circle the correct response):***

16. Which of the following statements are true?
- A. QC is performed when a new bottle of dipsticks is opened, prior to performing a patient test.
  - B. QC is performed weekly on all opened bottles of urine dipsticks.
  - C. A JHMI QC label is placed on each bottle of urine dipsticks when it is first opened.
  - D. Once QC has been performed satisfactorily, the date and operator initials are recorded on the JHMI QC label attached to the bottle of urine dipsticks.
  - E. All of the above.
17. Which of the following statements about reagents are true?
- A. Urine dipsticks are stable at room temperature until the manufacturer's expiration date.
  - B. Urine dipstick bottles must be kept tightly capped when not in use.
  - C. Quality control solutions and urine dipstick bottles must be dated when first opened.
  - D. All of the above.
18. Urine dipstick test results should be read within \_\_\_\_\_ seconds after dipping the test strip in the sample.
- A. 60 seconds
  - B. 30 seconds
  - C. Time varies with the test.
  - D. Time doesn't matter.
19. If Quality control testing fails, what steps should be taken to correct the problem?
- A. Record all failures on the Urine Dipstick QC log sheet with comments noting what correction action has been taken to resolve the problem.
  - B. Repeat the QC test using the same bottle of urine dipsticks.
  - C. If QC fails again, retest using a new set of control solutions.
  - D. If new control solutions fail, retest using a new bottle of urine dipsticks.
  - E. All of the above.
20. False negative Nitrite results may occur with:
- A. Shortened bladder incubation of the urine
  - B. Absence of dietary nitrate
  - C. Presence of non-reductive pathological microbes
  - D. All of the above
21. When a Ketone Critical Action Value is obtained you
- A. Promptly notify the patient's physician/provider
  - B. Receive "read back" of the Critical Action Value from the physician/provider.
  - C. Provide confirmation to the physician/provider.
  - D. Document the date, time and the name of the physician/provider notified in the patient's record
  - E. All of the above