

Accuracy Verification Form
(Perform Every 6 months)

KOH/Wet Prep

Date _____ Time _____

Patient Name _____

DOB _____ MR# _____

Bacteria present absent

Clue Cells present absent

Trichomonas present absent

Hyphae/ budding yeast present absent

WBCs (#/hpf) _____

RBCs (#/hpf) _____

Dx _____

Provider _____

Evaluation: Agree Disagree

Lab Director Signature: _____ Date _____

Comment or Corrective Action: _____

KOH/Wet Prep

Date _____ Time _____

Patient Name _____

DOB _____ MR# _____

Bacteria present absent

Clue Cells present absent

Trichomonas present absent

Hyphae/ budding yeast present absent

WBCs (#/hpf) _____

RBCs (#/hpf) _____

Dx _____

Provider _____

