

MR #

DOB



BASSETT HEALTHCARE NETWORK
Cooperstown, NY 13326-1394

NAME

POINT OF CARE VAGINAL pH
(POC 112)

DATE

H-1034 1/13;10/14;12/17 (d:\forms\hosp\ofm)

BASSETT HEALTHCARE NETWORK

Location/Health Center _____

Address: _____

Test Date: _____ Test Time: _____ Tech Initials: _____

Patient Result for Ruptured Membrane: _____ or _____ Bacterial Vaginosis:

pH: _____

Reference Range: Ruptured membranes

pH < 6.0 = Negative

pH > 6.5 = Positive

Reference Range: Bacterial Vaginosis

pH<4.5 virtually excludes Bacterial Vaginosis

pH>4.5 is consistent with Bacterial Vaginosis

Provider Order
Signature: _____ Provider #: _____ Date: _____ Time: _____

Provider Review
Signature: _____ Provider #: _____ Date: _____ Time: _____

LABORATORY Point of Care