

Attachment A



Glucometer Quality Control Record Month /Year _____

Glucometer Serial Number: _____ **(7-digit number on Meter label below the bar code)**

Date	Test Strips			Glucose Control Level 1					Glucose Control Level 2					Initials	Comments, use back of page PRN
	LOT	EXP	Date Opened	LOT	EXP	Date Opened	Safe Range	Result	LOT	EXP	Date Opened	Safe Range	Result		
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