CONNECTICUT VALLEY HOSPITAL BAYER CONTOUR BLOOD GLUCOSE MONITORING SYSTEM QUALITY CONTROL TESTING FORM 15.1a

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Tape manufacturer's range from test strip box here for reference

Tape manufacturer's range from test strip box here for

reference

Steps when quality control check is not within the acceptable range:

- 1. Repeat test with new strip
- 2. If still not within acceptable range, do not use device.
- 3. Contact CVH Central Supply for repair or replacement.

| High solution: | Date opened: | |
|----------------|--------------|---------------|
| U | Date opened: | |
| | Date opened: | |
| Test strip: | Date opened: | Date expired: |

*Carry all dates over from previous month where applicable.

Reference: Nursing Policy & Procedure 15.1 Bayer Contour Blood Glucose Monitoring System

GPD () ASD () UNIT____

| Date of Control Test | Time | Low | Low Expiration Date | Norm | Norm Expiration Date | High | High Expiration Date | Device Cleaned & Disinfected RN Initials | Nurse's Signature |
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| Date of Control Test | Time | Low | Low Expiration Date | Norm | Norm Expiration Date | High | High Expiration Date | Device Cleaned & Disinfected RN Initials | Nurse Signature |
|-------------------------------|------|-----|---------------------------|------|----------------------------|------|----------------------------|---|-----------------|
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DAILY DOCUMENTATION BY THIRD SHIFT

NURSING SUPERVISOR SIGNATURE_____