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

When performing the glucose control and result is not within the acceptable range, repeat test with new strip. If the result is still not within acceptable range, do not use the monitor. Contact CVH Central Supply for repair or replacement.

 GPD ( )
 \* Please label Control Solutions when opened. Discard after 6 months or expiration, whichever is sooner.

 ASD ( )
 Date Opened \_\_\_\_\_\_

 WFD ( )
 Date Opened \_\_\_\_\_\_

UNIT\_\_\_\_

Date	Time	Low	Low	Norm	Norm	High	High Expiration	Nurse's Signature
of			Expiration		Expiration		Expiration	
Control			Date		Date		Date	
Test								

Date of Control Test	Time	Low	Low Expiration Date	Norm	Norm Expiration Date	High	High Expiration Date	Nurse Signature

DAILY DOCUMENTATION BY THIRD SHIFT

NURSING SUPERVISOR SIGNATURE\_\_\_\_\_

15.1a Bayer Contour: Quality Control Testing Form New: 03/15