



**BLOOD GLUCOSE MONITORING
PERFORMA™ METER QUALITY CONTROL LOG**

FACILITY/UNIT _____

METER SERIAL NUMBER _____

INVERT QC VIAL 5 TIMES. WIPE VIAL TIP AND DISCARD THE FIRST DROP.

DATE	TIME	OPERATOR INITIALS	QC Lot # & Expiry Dates Discard open QC vials after 90 days		CODE NUMBER ON METER MATCHES CODE NUMBER ON TEST VIAL?		QUALITY CONTROL RANGES (From test strip vial)	
			Control 1 (Low)	Control 2 (High)	✓	Record 3 Digit Code Number	L1 _____ to _____ mmol/L L2 _____ to _____ mmol/L	Control Level 1 Result (mmol/L)

POCT LAB Review: Name & Designation _____ Signature _____ Date _____