



Outstanding Home Health Care, Inc.

GLUCOSE METER QUALITY CONTROL LOG

Client Name: _____ MR #: _____

Model Type: _____ Serial #: _____

PLEASE MAKE SURE YOU CHECK EXPIRATION DATES FOR CONTROL SOLUTIONS (expires 90 days from date opened) AND THAT VIALS HAVE BEEN LABELED WHEN OPENED.

DATE	Check Strip Test OK		Normal Control Solution Test Results	Test Strip Range	Corrective Action if applicable	Comments	Nurse Signature
	Yes	No					

Quality Control test must be done:
 * When new test strip bottle is opened
 * If meter falls
 * If PT's condition contradicts results
 * At least weekly

PLEASE READ MANUFACTURER'S GUIDELINES.
 Bring original form to Agency.
 Leave yellow copy at client's Home.