SAMPLE

Hemocue Hb 201+ Quality Control Log Sheet

Month _____ Year _____

QC Data: This area must be completed during the first clinic of each month. If any items expire during the month, or a new bottle is opened, it must be documented. The package insert will specify the open vial expiration date. *If Hemocue Hb Self-Calibrate have manufacturer guide available.*

	Lot number	Closed vial expiration date	Open vial expiration date	Expected Range
Low Control				to
High Control				to
Cuvette Bottle				N/A

Q.C. Results

Date	**Hemacue Cleaned (yes/no)** **(Each day of use)**	**SELFTEST (Pass/Fail)** (Each day of use)	**Low Control (weekly)**	**High Control (weekly)**	**Weekly Controls (Pass/Fail)**	**Initials**