POCTW037 TearLab Osmolarity System Quality Control Log

System S/N: _____ Month: _____ Year: _____

Normal Control Solution Lot #:_____ Expected Range: _____
High Control Solution Lot#: _____ Expected Range: _____
ECC Expected Range: _____

Frequency: ECC- everyday of patient testing, Liquid Control – weekly

Date	Operator ID	ECC Pen 1	Pen 1 Pass/ Fail	ECC Pen 2	Pen 2 Pass/ Fail	Test Card Lot Number	Normal Control Pen 1	Pass/Fail	High Control Pen 2	Pass/Fail	POCT review
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