

AVOXIMETER 1000E S/N : _____

Month: _____ Year: _____

Location: _____

AVOXimeter 1000E
Optical Quality Control

> Run Optical QC ONCE each day <

Date	Yellow			Orange			Initials	Comment
	tHb(g/dl)	%O2Hb	Pass/Fail	tHb(g/dl)	%O2Hb	Pass/Fail		
	7.7 - 8.3	93.5 - 96.5	Y or N	16.4 - 17.6	37.2 - 40.8	Y or N		
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Reviewed By: _____ Date: _____