

i-STAT 1 LIQUID QC CREATININE

i-STAT 1 S/N: CLEW:	Location: Bldg 5 CT Radiology
Level 1: Attach Value Assignment Sheet <input type="checkbox"/> *Temp OK; Rec'd Date: _____ QC Lot Number: _____ Exp: _____; Acceptable Range: _____ to _____	
Level 3: Attach Value Assignment Sheet <input type="checkbox"/> *Temp OK; Rec'd Date: _____ QC Lot Number: _____ Exp: _____; Acceptable Range: _____ to _____	

➤ **Run Liquid Quality Control once a MONTH and with every NEW SHIPMENT/LOT of cartridges.**

DATE	INITIALS	Cartridge Lot #	Exp Date (on label)	LEVEL1 QC Result	LEVEL3 QC Result	PASS/FAIL

		<input type="checkbox"/> New Shipment / <input type="checkbox"/> *Temp OK Rec'd Date: _____				

		<input type="checkbox"/> New Shipment / <input type="checkbox"/> *Temp OK Rec'd Date: _____				

		<input type="checkbox"/> New Shipment / <input type="checkbox"/> *Temp OK Rec'd Date: _____				

		<input type="checkbox"/> New Shipment / <input type="checkbox"/> *Temp OK Rec'd Date: _____				

COMMENTS/ACTIONS:

*Refer to the procedure for appropriate corrective actions if "No"

Reviewed by: _____ **Date:** _____