

CardioChek[®] Plus

Quality Control Log Sheet

CardioChek[®] Analyzer

☐ CardioChek PA Analyzer ☐ CardioChek Plus Analyzer

Account Name/Location:	
Serial #:	
PTS Panels[®] Test Strips	
Test Strip:	Lot #:
Multi-Chemistry Control	Lot #:
HDL Cholesterol Control	Lot #:

Result Range	Level 1	Level 2
Total Cholesterol		
Triglycerides		
GLU/eGLU		
HDL Cholesterol		

	Date	ID	Optics	Level 1				Level 2				Repeat			
			Pass/Fail	CHOL	TRG	GLU	HDL	CHOL	TRG	GLU	HDL	CHOL	TRG	GLU	HDL
1			<input type="checkbox"/> P / <input type="checkbox"/> F												
2			<input type="checkbox"/> P / <input type="checkbox"/> F												
3			<input type="checkbox"/> P / <input type="checkbox"/> F												
4			<input type="checkbox"/> P / <input type="checkbox"/> F												
5			<input type="checkbox"/> P / <input type="checkbox"/> F												
6			<input type="checkbox"/> P / <input type="checkbox"/> F												
7			<input type="checkbox"/> P / <input type="checkbox"/> F												
8			<input type="checkbox"/> P / <input type="checkbox"/> F												
9			<input type="checkbox"/> P / <input type="checkbox"/> F												
10			<input type="checkbox"/> P / <input type="checkbox"/> F												
11			<input type="checkbox"/> P / <input type="checkbox"/> F												
12			<input type="checkbox"/> P / <input type="checkbox"/> F												
13			<input type="checkbox"/> P / <input type="checkbox"/> F												
14			<input type="checkbox"/> P / <input type="checkbox"/> F												
15			<input type="checkbox"/> P / <input type="checkbox"/> F												
16			<input type="checkbox"/> P / <input type="checkbox"/> F												
17			<input type="checkbox"/> P / <input type="checkbox"/> F												
18			<input type="checkbox"/> P / <input type="checkbox"/> F												
19			<input type="checkbox"/> P / <input type="checkbox"/> F												
20			<input type="checkbox"/> P / <input type="checkbox"/> F												
21			<input type="checkbox"/> P / <input type="checkbox"/> F												
22			<input type="checkbox"/> P / <input type="checkbox"/> F												
23			<input type="checkbox"/> P / <input type="checkbox"/> F												
24			<input type="checkbox"/> P / <input type="checkbox"/> F												
25			<input type="checkbox"/> P / <input type="checkbox"/> F												

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