

# CardioChek<sup>®</sup> Plus

## Quality Control Log Sheet

### CardioChek<sup>®</sup> Analyzer

CardioChek PA Analyzer     CardioChek Plus Analyzer

<b>Account Name/Location:</b>	
<b>Serial #:</b>	
<b>PTS Panels<sup>®</sup> Test Strips</b>	
<b>Test Strip:</b>	Lot #:
<b>Multi-Chemistry Control</b>	Lot #:
<b>HDL Cholesterol Control</b>	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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