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| **Date** | **Test Strip Lot** | **Test Strip Expiration** | **Control Range** | **Test Solution Lot #** | **Test Solution Expiration Date** | **Result** | **Initials** |
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\*\*\*Glucometer testing must be performed per manufacturer guidance**, or** any time a new bottle of strips is put into service **or** minimum of a monthly basis.

\*\*\*This glucometer log should be kept in a binder *in the ambulance* and available on request of EMS Office personnel.