## INTERNAL QUALITY CONTROL DATA RECORD (QUANTITATIVE)

|       |                             |                  |                  | Month:           |                   | Year:        |         |
|-------|-----------------------------|------------------|------------------|------------------|-------------------|--------------|---------|
| Locat | ion                         |                  |                  |                  |                   |              |         |
| Test  |                             |                  |                  |                  |                   |              |         |
| Devic | e ID / Serial r             | number           |                  |                  |                   |              |         |
|       |                             |                  |                  |                  |                   |              |         |
| Date  | QC / Strip<br>Lot<br>Number | Range<br>Level 1 | Range<br>Level 2 | Range<br>Level 3 | Pass /<br>Fail    | Performed by | Remarks |
|       |                             |                  |                  |                  | L1:<br>L2:<br>L3: |              |         |
|       |                             |                  |                  |                  | L1:<br>L2:<br>L3: |              |         |
|       |                             |                  |                  |                  | L1:<br>L2:<br>L3: |              |         |
|       |                             |                  |                  |                  | L1:<br>L2:<br>L3: |              |         |
|       |                             |                  |                  |                  | L1:<br>L2:<br>L3: |              |         |
|       |                             |                  |                  |                  | L1:<br>L2:<br>L3: |              |         |
|       |                             |                  |                  |                  | L1:<br>L2:<br>L3: |              |         |
|       |                             |                  |                  |                  | L1:<br>L2:<br>L3: |              |         |
|       |                             |                  |                  |                  | L1:<br>L2:<br>L3: |              |         |
|       |                             |                  |                  |                  | L1:<br>L2:<br>L3: |              |         |
|       |                             |                  |                  |                  | L1:<br>L2:<br>L3: |              |         |

## INTERNAL QUALITY CONTROL DATA RECORD (QUALITATIVE)

|          | Month: | Year: |
|----------|--------|-------|
| Location |        |       |
| Test     |        |       |

| Date | Box/Vial/Bottle<br>Lot Number | Level<br>1 | Level 2 | Pass / Fail | Performed by | Remarks * |
|------|-------------------------------|------------|---------|-------------|--------------|-----------|
|      |                               |            |         | L1:<br>L2:  |              |           |
|      |                               |            |         | L1:<br>L2:  |              |           |
|      |                               |            |         | L1:<br>L2:  |              |           |
|      |                               |            |         | L1:<br>L2:  |              |           |
|      |                               |            |         | L1:<br>L2:  |              |           |
|      |                               |            |         | L1:<br>L2:  |              |           |
|      |                               |            |         | L1:<br>L2:  |              |           |
|      |                               |            |         | L1:<br>L2:  |              |           |
|      |                               |            |         | L1:<br>L2:  |              |           |
|      |                               |            |         | L1:<br>L2:  |              |           |
|      |                               |            |         | L1:<br>L2:  |              |           |
|      |                               |            |         | L1:<br>L2:  |              |           |
|      |                               |            |         | L1:<br>L2:  |              |           |
|      |                               |            |         | L1:<br>L2:  |              |           |
|      |                               |            |         | L1:<br>L2:  |              |           |