Duke Raleigh Hospital
DUKE UNIVERSITY HEALTH SYSTEM

LABORATORY PROCEDURE STATEMENT

PROCEDURE NAME:	BLOOD GLUCOSE TESTING, USING ROCHE ACCU-CHEK® INFORM GLUCOSE METER
EFFECTIVE DATE:	04/15/2008
REVIEW / REVISION HISTORY:	06/25/2008; 07/28/2009; 10/12/2010; 3/22/2011

I. PRINCIPLE:

A. Point-of-Care whole blood glucose testing is used to determine the quantitative measure of glucose at the bedside.

B. The enzyme glucose dehydrogenase converts the glucose in a blood sample to gluconolactone. This reaction liberates two electrons that react with a coenzyme electron acceptor, the oxidized form of the mediator hexacyanoferrate (III), forming the reduced form of the mediator, hexacyano-ferrare (II). The test strip employs the electrochemical principle of biamperometry. The meter applies a voltage between two identical electrodes, which causes the reduced mediator formed during the incubation period to be reconverted to an oxidized mediator. This generates a small current that is read by the meter.

C. Due to the possibility of over treating a false elevated result resulting in insulin shock, the ACCU-CHEK® Inform Glucose Meter must not be used on patients receiving the products listed in the table below. All glucose testing must be performed by the laboratory. Determine whether patients are receiving interfering products on admission by performing a glucose on the Accu-Chek Inform and comparing it to a glucose sent to the Laboratory, drawn at the same time.

Trade Name	Trade Name Manufacturer	Description	Clearance Information *Based on intact renal function.
Extraneal (icodextrin)	**Baxter**	Peritoneal Dialysis Solution	**All patients** receiving peritoneal dialysis must be tested by the lab until it is confirmed that the patient is **NOT** on Extraneal.
Orencia (Abatacept)	**Bristol-Myers Squibb Co**	IV immunosuppressant drug	Information unavailable at this time.
Octagam 5%	**Octopharma**	IV immune globulin solution	24 hours after dose
WinRho SDF - Liquid form only	**Cangene**	Rho D IV immune globulin	24 hours after dose
D-Xylose USP	**Nerl**	d-Xylose	24 hours after dose

Trade Name	Trade Name Manufacturer	Description	Clearance Information *Based on intact renal function.
	Diagnostics, others		
ADEPT (4% Icodextrin)	**Innovata PLC**	A fluid used during or after laparoscopic GYN surgery to separate and protect tissues and decrease adhesions.	Information unavailable at this time.
Vaccinia Immune Globulin (Human	**Cangene**	IV immune for vaccinia virus	24 hours after dose
HepaGam B	**Cangene**	Hepatitis B immune globulin for acute exposure to blood containing HBsAg exposure.	Information unavailable at this time.
Intragam P	**CSL**	IV Immune globulinglobulin	Information unavailable at this time.
Bexxar	**GSK**	Tositumomab and Iodine I 131 Tositumomab used for non-Hodgkins lymphoma	Information unavailable at this time.

Link to FDA Medical Device Safety Alert: Maltose Interference With Roche ACCU-CHEK ® Inform Glucose Meter:

http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/PublicHealthNotifications/ucm176992.htm

D. Each of these products will be marked by the Pharmacy or Resource Distribution with a sticker, and will be accompanied by a sticker to be placed on the patient's chart, both stating:

Do NOT Perform Bedside Glucose Testing LAB DRAWS ONLY!

E. The ACCU-CHEK® Inform Glucose Meter must not be used on any patient receiving peritoneal dialysis until it is confirmed that the patient is NOT on Extraneal.

II. SPECIMEN REQUIREMENTS:

A. Capillary, venous, neonatal (including cord blood), and arterial whole blood specimens may be used for testing on the ACCU-CHEK® Inform Glucose Meter.

B. Finger puncture:

1. General Precautions
   a. Best locations for fingersticks are the middle and ring fingers of the non-dominant hand.
   b. Avoid the index and pinky fingers if possible
   c. Do not use the tip or center of the finger
   d. Avoid fingers that are cold, cyanotic, swollen, scarred or covered with a rash
2. Procedure
   a. Always verify patient ID by using a minimum of two identifiers.

b. Massage the finger to increase blood flow (gently squeeze the finger from hand to fingertip 5-6 times)
c. Cleanse fingertip with 70% isopropyl alcohol and wipe dry with clean gauze or allow to air dry (alcohol can incorrectly elevate blood glucose results)
d. Using a sterile lancet, make a skin puncture just off the center of the finger pad
e. Wipe away the first drop of blood (which tends to contain excess tissue fluid) and gently apply intermittent pressure to the surrounding tissue until the required blood volume is obtained
f. Do NOT squeeze or apply strong repetitive pressure to the site (this may result in hemolysis or increase tissue fluid in the blood)
g. Touch and hold the SECOND drop of blood to the curved edge of the yellow target area on the Accu-Chek test strip
h. You have 15 seconds to fill the test strip once specimen has been added to strip.
i. No Yellow can be showing on test strip.

C. Heel puncture:

1. Warm the collection site.
2. Clean the area with 70% alcohol and wipe dry with clean gauze, or allow to air dry.
3. Puncture the heel to get free flowing blood.
4. Wipe the first drop of blood with dry gauze.
5. Touch and hold the second drop of blood to the curved edge of the yellow target area of the test strip.

   Note: Collecting the sample in a heparinized capillary tube is also acceptable.
   - Tilt the tube at a downward angle and allow gravity to draw blood into tube.
   - Mix by gently rolling tube between two fingers.
   - Attach the black transfer bulb to the capillary tube.
   - Squeeze the black bulb to transfer sample from the capillary tube to the target area of the test strip.

D. Venipuncture:

NOTE: Blood specimens must be performed within 30 minutes of specimen collection to minimize the effect of glycolysis.

1. Collect the sample only in a Green top (Heparin) or Lavender top (EDTA) Vacutainer tube. Make sure the tube is full.
2. Mix the collection tube by inverting gently.
3. Using a syringe and needle, puncture the top of the Vacutainer and withdraw a quantity of blood sufficient to dose the testing strip. Push a drop of blood out of the end of the syringe needle onto the curved edge of the yellow target area of the test strip.
4. Avoid touching the target area directly with the needle.

E. Syringe collection from a central line or arterial line:

1. Withdraw three to six times the volume of the catheter, connectors, and needle to remove intravenous solution, heparin, or medications that may contaminate the sample.

2. Collect the sample in a lithium or sodium heparinized syringe and perform glucose testing within 30 minutes.
3. Gently mix the syringe by rolling between the hands.
4. Discard the first drop of blood.
5. Allow a drop of blood to form at the tip of the syringe.
6. Apply the drop of blood to the curved edge of the yellow target area of the test strip.

III. PERSONNEL

A. Point of Care glucose testing with the Accu-Chek Inform Meter may only be performed by authorized operators who have completed competency-based training and demonstrated clinical competency.

IV. REAGENTS AND SUPPLIES:

A. ACCU-CHEK® Inform Glucose Meter

B. Lancing device

C. Alcohol prep pads

D. 2x2 gauze pads or cotton balls

E. Collection containers-heparinized syringe, EDTA, or heparinized collection tube

F. Warm compress (as needed)

G. For neonates/infants: heel warmer

H. Personal protection equipment as required for universal blood collection precautions.

I. ACCU-CHEK® Test Strips: CARDINAL # 326781

The test strips must be stored in the tightly closed vial at room temperature. The strips must be stored and used at temperatures between 57° and 104°F (14° and 40°C) and <85% humidity. When stored properly, test strips are good in the tightly sealed vial until the manufacturer's expiration dated printed on the label. Once the strip is removed from the vial, apply sample within 3 minutes. DO NOT USE EXPIRED TEST STRIPS. Expired test strips must be discarded.

J. ACCU-CHEK® Code Key:

The Code Key is located in each unopened box of test strips. If a box is opened prior to patient testing, the Code Key must remain stored in the box until it is used for patient testing.

K. ACCU-CHEK® Controls: CARDINAL # 326782

Store glucose control solutions at room temperature (less than 90°F, 32°C). Do not freeze. The glucose controls expire 90 days after first opening the bottles or the manufacturer's expiration date printed on the label, whichever comes first. When opening a new box of ACCU-CHEK® Controls, record the open date and expiration date on each bottle's label.

V. CALIBRATION AND MAINTENANCE:

A. Use of ACCU-CHEK® Inform Code Key

By reading the data from the Code Key, the meter automatically calibrates to the specific lot number when the meter is turned on.

B. Replacement of Code Key

If the Code Key in the meter does not match the lot number of the scanned test strip vial, <Replace Code Key>, is displayed. The Code Key must be replaced before testing can proceed.

NOTE: The meter must be turned off when replacing the Code Key.

1. Remove old Code Key from the ACCU-CHEK® Inform Glucose Meter and discard.
2. Remove the new Code Key from the test strip box.
3. Compare the three digit number on the Code Key with the lot number on the test strip vial.
4. Snap the new Code Key (slots facing towards the meter) into the Code Key slot with the printed side facing up.
5. The Code Key remains in the meter until a new Code Key is inserted.
6. Press power <ON/OFF> button to turn meter on.
7. Verify that the code number on the meter display matches the code number on the test strip vial.

C. MAINTENANCE:

1. Meter, Base Unit, and Carrying Case Cleaning Procedure:
   a. ACCU-CHEK® Inform Glucose Meter should be routinely wiped down with germicidal solution between patients per the DRAH Patient Care, Infection Control Policy.
   b. Meter must be turned off prior to cleaning.
   c. Meter, Base Unit and Carrying case must be cleaned anytime there is apparent contamination of body fluids or dirt from use.
   d. Base unit must be unplugged prior to cleaning.
   e. Carefully wipe the surfaces with a soft cloth slightly dampened (NOT WET) with 70% isopropyl alcohol, full strength, or an antimicrobial solution with sodium hypochlorite as the active ingredient.
   f. Dry thoroughly after cleaning, making sure no streaks remain on the touch screen.
   g. If cleaning solution does get on the connector, DRY thoroughly with a cloth or gauze pad before returning the meter to the base unit.

      Note: To prevent severe damage, DO NOT allow cleaning solution to get into the connector at the bottom of the meter or the base unit. Visually verify that no solution is seen at the completion of cleaning.

D. Scanner Window Cleaning Procedure:

1. The scanner window on the bottom side of the meter must be cleaned if scanning becomes a problem or there are visible smudges.
2. Use a clean, dry cloth to wipe the scanner window.

VI. QUALITY CONTROL:

A. Quality Control Procedure

1. Press power <ON/OFF> button to turn meter on.
2. Touch the forward arrow on the screen.

3. Touch <SCAN> and scan (or enter) your operator identifier (located on your ID badge), then press the forward arrow button.
4. Touch <Control Test>.
5. Touch <SCAN> to scan the barcode on the control vial being tested.
6. Touch <SCAN> to scan the barcode on the test strip vial.
7. If the strip lot on the meter screen does not match the code key, the “Replace Code Key” screen is displayed. Replace the existing code key with the code key that matches the lot number of test strips in use. See “Replacement of Code Key” above.
8. When flashing strip icon appears on the meter display, remove a test strip from the vial and replace the vial cap immediately.
9. With the yellow target area facing up, gently insert the end of the test strip with the silver bars into the meter.
10. Gently mix control by inverting vial 5-10 times, or by rolling the tube between the palms for at least five seconds in two directions.
11. The flashing blood drop will appear. Touch and hold a drop of the previously identified (step 5) glucose control solution to the curved edge of the yellow target area. The control solution is drawn into the test strip automatically.

    Note: An hourglass is displayed while waiting for the result.
12. When “PASS” is displayed, the test is completed.
13. Remove the test strip from the ACCU-CHEK® Inform Glucose Meter and discard it into biohazard container.

    NOTE: If “FAIL” is displayed, touch <COMMENT> and enter up to three comments by touching the appropriate comment display. Repeat the test with a new test strip.
14. Touch the forward arrow on the screen.
15. Touch <Control Test> to perform the next level of control.
16. Repeat steps 4 - 14, above.
17. When both quality control test results have displayed “PASS”, patient testing may be performed.
18. Press <ON/OFF> button to turn the meter off.
19. Return the meter to the docking station.
    a. Note: Meter must remain in the docking station when not in use to allow patient data transmission and maintain a fully charged battery.

B. Quality Control Frequency

1. Level 1 and Level 2 control testing must be performed at the following times:
    a. Every 24 hours that patient testing is performed.
    b. The meter will lock out testing of patients after 24 hours.
    c. It is recommended that QC be performed every time a new vial of test strips is opened.
    d. When a vial of strips has been left opened or when the test strips have been exposed to extreme heat, humidity, or cold.
    e. If the meter is dropped.
    f. When troubleshooting the meter.
    g. When patient test results contradict clinical symptoms.

C. Quality Control (QC) Notes

1. If a quality control test result displays “FAIL”, the problem must be corrected before the meter will allow you to proceed. Consider the following factors that may cause a failure of the quality control test result:
   a. Procedural error. (example: Wrong control level was tested.)
   b. The test strip vial has been left opened for a period of time.
   c. The Code Key in the meter is not for the lot number of the test strips being used.
   d. The test strip or controls have been exposed to very high or low temperatures.
   e. The meter has been exposed to excessive sources of heat.
   f. The test strips are expired.
   g. The control solutions are expired and/or contaminated.
2. Corrective action must be documented by entering a comment in the ACCU-CHEK® Inform Glucose Meter.
3. Report two consecutive failures to the Point of Care Testing office at 954-3966.

VII. PROCEDURE:

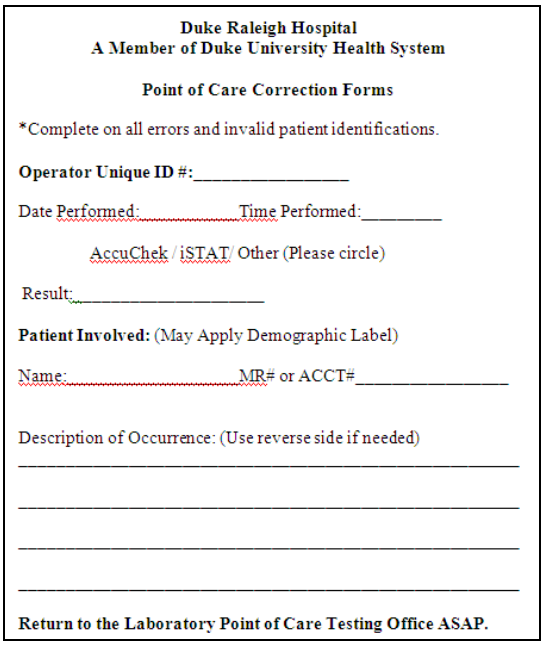
Important Patient Safety Precaution: Verify glucose meter results with laboratory-based glucose assay, prior to administering insulin, if there is an unexpected elevated or normal glucose inconsistent with patient’s symptoms.

Isolation Precaution: To prevent contamination to the patient and/or meter, the meter and vial of test strips may be placed into a plastic zip-lock bag or other type of clear plastic bag prior to testing in isolation and/or high-risk blood borne pathogen areas. Always disinfect meter after use when using isolation precautions.

A. Remove two test strips for testing before entering the isolation room. At the <Use strip code ____> prompt, scan the test strip vial through the plastic bag.

B. The meter must be cleaned as frequently DRAH’s Infection Disease Policy states (See Calibration and Maintenance Section C.1.a above)

1. Press power <ON/OFF> button to turn meter on.
2. Touch the forward arrow on the screen.
3. Touch <SCAN> to scan (or enter) your operator identifier (located on your ID badge).
4. Touch the arrow forward on the screen.
5. Touch <Patient Test>.
6. Touch <SCAN> to scan the barcode on the patient’s armband that is attached to the patient.
   a. If a STAT glucose must be performed and there is no encounter number for the patient, enter a patient ID of “000000000000” (12 zeroes) By the end of that shift, either complete a Point of Care Correction Form (which is located in the Point of Care Testing Office door) or leave a message on 954-3966 with your name, location, patient’s identifier, date/time of test, and glucose result.



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Point of Care Correction Forms

*Complete on all errors and invalid patient identifications.

Operator Unique ID #:_____

Date Performed:_____Time Performed:_____

AccuChek / iSTAT/ Other (Please circle)

Result:_____

Patient Involved: (May Apply Demographic Label)

Name:_____MR# or ACCT#_____

Description of Occurrence: (Use reverse side if needed)
_____
_____
_____
_____

Return to the Laboratory Point of Care Testing Office ASAP.

b. In the outpatient settings (example, ED Triage) the patient's last name and first initial may be enetered into the meter for patient ID with the use of the alpha numeric "ABC" button.

7. If the patient's armband cannot be scanned, carefully enter the encounter number (V#) for the patient's identification manually. Verify the identification in the meter before accepting the entry.
8. Touch the arrow forward on the screen.
9. Touch <SCAN> to scan the barcode on the test strip vial.
10. If the strip lot on the meter screen does not match the code key, the "Replace Code Key" screen is displayed. Replace the existing code key with the code key that matches the lot number of test strips in use. See "Replacement of Code Key".
11. When flashing strip icon appears on the meter display, remove a test strip from the vial and replace the vial cap immediately.
12. With the yellow target area facing up, gently insert the end of the test strip with the silver bars into the meter.
13. Obtain a blood specimen according to instructions under Specimen Collection.
14. The flashing blood drop icon will appear. Touch and hold the second drop of blood to the curved edge of the yellow target area. The blood is drawn into the strip automatically.
15. An hourglass is displayed while waiting for the result. This does not validate there has been enough blood applied to the strip.
16. Important: Visually validate enough blood has been applied to the strip. If there is any yellow color in the target area or test strip window, a second drop of blood may be applied to the strip within 15 seconds of the first drop. If more than 15 seconds have passed, the test result may be erroneous. Discard the test strip and repeat the test using a fresh sample.
17. Document the blood glucose result (mg/dL), any treatment given, the time, date, and initials of operator in the patient's medical record.

18. If alert value is displayed, actions taken must be documented in the meter by touching <COMMENT> and entering up to three comments by touching the appropriate comment displayed.
19. Add the comment “Repeat Test 1” or “Procedure error” in the meter for any questionable result which will prevent that data from processing to the patient’s electronic chart.
20. Alert values <70 mg/dL and >350 mg/dL (neonates: <50 mg/dL and >250 mg/dL) must be repeated, using a fresh sample from new stick, unless the patient has a documented blood glucose >350 within the past 3 hours. Report to caregiver or provider, and follow his/her recommendations. Alert values obtained by any NCA must be reported immediately to the care nurse for assessment of the patient. Results must be verified by the clinical laboratory if requested by the provider.
21. Remove the test strip from the Accu-Chek Inform meter and discard in biohazard container. Discard the lancet in sharps container.
22. Touch the forward arrow on the screen.
23. Touch <MENU> to return to the Main Menu screen to run the next test.
24. Press the <ON/OFF>button to turn the meter off.
25. Disinfect meter as frequently as each DUHS facility’s Infection Disease Policy states, using the “Meter, Base Unit, and Carrying Case Cleaning Procedure” under the Maintenance section.

    NOTE: To prevent severe damage, do NOT allow cleaning solution to get into the connector at the bottom of the meter or the base unit. Visually verify that no solution is seen at the completion of cleaning.
26. Return the meter to the docking station and confirm that the green connector light on base unit is illuminated.

    Note: Meter must remain in the docking station when not in use to allow patient data transmission and maintain a fully charged battery.

VIII. REPORTING RESULTS:

A. Blood glucose results (normal or abnormal) inconsistent with patient history or pattern should be confirmed by the laboratory prior to any treatment. Send a specimen to the laboratory for verification. Compare the clinical laboratory glucose result to the glucose meter result performed at the same time. If the lab result contradicts the meter result, there may be interferences present in the patient’s blood. **Report the result to the caregiver or provider,** and continue to monitor the patient using laboratory results.

B. The ACCU-CHEK® Inform Meter measurement range is 30-600 mg/dL.

C. Non-Fasting Reference Range:

1. Normal: 70-140 mg/dL
2. For any questionable result (normal or abnormal), add the comment “Repeat Test 1” or “Procedure error” in the meter . This will prevent that data from processing to the patient’s electronic chart.

D. Fasting Reference Range:

1. Normal 70-99 mg/dL
2. Pre-diabetes 100-125 mg/dL

3. Diabetes >125 mg/dL
4. For any questionable result (normal or abnormal), add the comment “Repeat Test 1” or “Procedure error” in the meter . This will prevent that data from processing to the patient’s electronic chart.

E. Alert Values:

1. <70 mg/dL and >350 mg/dL
2. Neonates: <50 mg/dL and >250 mg/dL
3. For any questionable result (normal or abnormal), add the comment “Repeat Test 1” or “Procedure error” in the meter. This will prevent that data from processing to the patient’s electronic chart.

F. Alert Value Protocol:

All alert values must be repeated using a fresh sample from new stick, unless the patient has a documented blood glucose > 350 from the laboratory [>250 mg/dL for neonates] within the past 3 hours. Actions taken must be documented in the meter as described in the “BLOOD GLUCOSE PATIENT TESTING PROCEDURE”, above. Report to caregiver or provider, and follow his/her recommendations. Alert values obtained by any NCA must be reported immediately to the care nurse for assessment of the patient. Results must be verified by the clinical laboratory if requested by the provider.

For any questionable result (normal or abnormal), add the comment “Repeat Test 1” or “Procedure error” in the meter. This will prevent that data from processing to the patient’s electronic chart.

G. Results Inconsistent With Patient’s Symptoms:

The RN is responsible for reviewing glucose test results. If patient’s symptoms are inconsistent with the glucose result, repeat the test using a fresh sample from new stick. If the repeat glucose result remains inconsistent with the patient’s symptoms report the result to the caregiver or provider and send a specimen to the laboratory for verification.

For any questionable result (normal or abnormal), add the comment “Repeat Test 1” or “Procedure error” in the meter. This will prevent that data from processing to the patient’s electronic chart.

H. Results Inconsistent With Laboratory Verification

Complete and submit a Point of Care Test System Discrepancy Form, located in the Problem Log Book in the Point of Care Office door box. An example of this form is attached at the end of this procedure.

IX. LIMITATIONS OF METHOD:

A. Error Flags:

1. Error Flags (Possibly Caused by Glucose of >600mg/dL or <30mg/dL):
   a. Repeat the test immediately, using a fresh sample from new stick. If the error is displayed on the repeat sample, the glucose must be performed by the Laboratory.
   b. Compare the clinical laboratory glucose result. If the lab result contradicts the flag, perform quality control using the “Quality Control Procedure” above to confirm correct meter performance.
   c. Report the results to the caregiver or provider, and follow her/his recommendation.
   d. FLAG Comments Include:

i. "HI" - the blood glucose result may be higher than >600mg/dL.

ii. "Testing error-133 A glucose overflow error has occurred, type 71"- the blood glucose result may be extremely high (>600mg/dL).

iii. "LO" - the blood glucose result may be lower than <30mg/dL.

iv. "Error-83 This meter has reported an error. Type: Bad Strip. Repeat test" - this could mean that the test strip is defective or that the patient's blood glucose result may be extremely low (<30mg/dL).

2. Error Flags (Procedure or Test Strip):

a. FLAG Comments Include:

i. "Strip Defect" error - the test strip may be damaged or the test was not performed correctly. The test strip must be inserted into the meter prior to applying blood to the strip. If this display appears before blood is placed on the strip, remove the test strip and reinsert. If the error display remains, repeat the test using a fresh sample from new stick.

ii. "Error-88-Bad Dose" error - there is an incorrect amount of blood on the strip. A second drop of blood may be applied to the test strip within 15 seconds of the first drop. If more than 15 seconds have passed, discard the test strip and repeat the test using a fresh sample from new stick.

B. Precautions:

1. Caution must be taken in the interpretation of neonate glucose levels below 50mg/dL.
2. In situations of decreased peripheral blood flow, whole blood glucose results must be carefully evaluated. Confirm by laboratory testing, if necessary. Examples are patients with excessive water loss or dehydration, shock, or hyperglycemic-hyperosmolar state.
3. Do not expose the meter to excessive sources of heat for over 10 seconds at a time. This includes Bilirubin lights, bed warmers, or isolettes.
4. At glucose concentrations above 200 mg/dL, low hematocrits (below 20%) may cause elevated results and high hematocrits (above 55%) can cause reduced results.
5. Xylose will interfere with results. Do not use meter during Xylose absorption testing.

C. The following blood analytes, when determined to be in excess of their limitations, may produce elevated glucose results:

Blood Analytes	**Limitation**
Bilirubin (unconjugated)	>20 mg/dL
Triglycerides	>5000 mg/dL
Acetaminophen	>8 mg/dL
Uric Acid:	
Hypoglycemic range	>10 mg/dL
Euglycemic range	>12 mg/dL
Hyperglycemic range	>16 mg/dL

X. PROCEDURE NOTES:

A. The ACCU-CHEK® Inform Glucose Meter must not be used on any patient receiving peritoneal dialysis until it is confirmed that the patient is NOT on Extraneal.

B. Glucose testing may be performed by staff who have successfully completed the ACCU-CHEK® Inform Glucose Meter competency training activities and evaluations throughout DUHS, including RNs, LPNs, NCAs, Health Care Technicians, and other patient care providers.The competency of each person to perform the duties assigned must be assessed following training, and at least annually thereafter. During the first year that an individual tests patient specimens, competency must be assessed at least every six months. Operator performance is monitored continuously through POCT QA Reports and observations. Retraining and reassessment of employee competency must occur when problems are identified with employee's performance.

XI. REFERENCES:

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I. Accu-Chek Inform Blood Glucose Monitoring System Operator's Manual, Roche Diagnostics, 2004.

J. Accu-Chek Inform System Quick Reference Guide, Roche Diagnostics, 2002.

K. Accu-Chek Comfort Curve Test Strips package insert, Roche Diagnostics, 2004.

L. Accu-Chek Comfort Curve Controls package insert, Roche Diagnostics, 2005.

CROSS REFERENCE:

APPLICABLE STANDARDS: JCAHO Standards: CAMH PC 16.10-16.6

DEVELOPED BY: Bruce Lobaugh, Rosemary Brown

POLICY PRIMARY: POCT Coordinator

SCHEDULED REVIEW DATE: annual