

Record for Glucose Meter Certification:

StatStrip® Glucose Meters

Date _____ Site _____

Name of person certifying / certified peer:

(Print) _____ (Signature) _____

Print Employee Name	Employee Number	Unit	Passed QC	Passed Knowledge Test

Fax to appropriate site POCT laboratory representative:

ESMH/MVMH/TOMH-- 885-3210

CCHC- NA

DGH, NSH and ECFH -- 465-8415

HCH-- 798-4435

QEII-- 473-2123

CH POCC Coordinator- 473-7038