

## GEM OPL Maintenance and Quality Control Record Form

**MAINTENANCE** - Decontaminate after each patient case. Initial once done in chart below.

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
INITIALS																																

**QC** - All highlighted fields in the form must be filled. Email completed form to [POCTLab@cw.bc.ca](mailto:POCTLab@cw.bc.ca) at the end of each month.

Month/Year: _____			<b>Yellow Filter</b>		<b>Orange Filter</b>		RNA CC527 CO-Oximetry QC						<b>All QCs within acceptable ranges? (Y/N)</b>
GEM Code: _____							Box Lot#: _____		Expiration Date: _____		Level 1 (Lot# _____)		
Cuvette Lot #: _____			tHb g/dL	O2Hb %	tHb g/dL	O2Hb %	tHb g/dL	O2Hb %	tHb g/dL	O2Hb %	tHb g/dL	O2Hb %	
Acceptable Ranges:			7.8-8.2	93.7-96.3	16.7-17.3	37.8-40.2	-	-	-	-	-	-	
Date	Time	Operator											

Medical Approval: Dr. Li Wang Version: 1.0 Folder Name: CW\Point of Care\Blood Co-oximetry	Medical Approval Date: Jun 18, 2020 Implementation Date: 6/18/2020 3:37:52 PM
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## REVISION & APPROVAL LOG

Version	Revision Type	Description of Change	Revision Date	Technical Approval	Medical Approval
1.0	New	New document	2020JUN08	Diane Sze	Dr. Li Wang

**Attention: This document is published on the ePOPS website.**

**Revisions made to this document require an update to the corresponding document published on ePOPS website.**

Medical Approval: Dr. Li Wang

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