Cholestech L•D•X®

Quality Control Log

Cholestech L•D•X S/N: _____

Control Lot: _____

Expiration Date: _____

Control Level: _____

Control Range: TRG: _____

TC: _____

GLU: _____

HDL: _____

ALT: _____

Date	Cassette Lot #	Control Expiration Date (opened)	Value	Accept	Reject	Operator	Comments Action taken