

LeadCare® II

Blood Lead Testing System Data Sheet

Kit Lot #: _____

Expiration Date: _____

QC Lot #: _____

QC Expiration Date: _____

Date	QC Level	Result	Target Range	Control in range?	Corrective Actions	Initials
	Level 1			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Level 2			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Level 1			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Level 2			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Level 1			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Level 2			<input type="checkbox"/> Yes <input type="checkbox"/> No		

	Date	Patient Name	Patient ID	Physician	Result * (µg/dL)	Notes / Comments	Initials
1							
2							
3							
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