



Facility/Laboratory Name: \_\_\_\_\_

**SNAPSHOT DSR PERFORMANCE CHECK SET**

YEAR: \_\_\_\_\_ MONTH: \_\_\_\_\_

SERIAL # OF PERFORMANCE CHECK SET: \_\_\_\_\_

DAY	DEVICE 1- <u>LOW RANGE</u> : _____ to _____	DEVICE 2- <u>HIGH RANGE</u> : _____ to _____	ANALYST ID# OR INITIALS
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1. Performance Check Set needs to be done day of use along with a positive and negative control.