NE-TF1 – Form (Implemented 12/07) **Blood Analyzer Service Record**

Instructions: Enter Date for Each Month or Quarter When Blood Analyzer is Serviced

Monthly Per	forman	ce Test											
Blood Analyzer #	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Comments
537.002													
Quarterly Sc	ftware	Update	es – Or	as Indi	cated								
Blood Analyzer #	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Comments
537.002													

Year: <u>2018</u>

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DISL	osition:	

[☐] Retain record on file.