

CARS Blood Glucose Monitoring System Post-Test Answer Sheet

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____, _____, _____

7. _____

8. _____

9. _____

10. _____

Date Practice “Control” was ran: _____ Result: _____

Name: _____ Proctor: _____

Once completed, place in the Clinical Review and Training (CRAT) Mail Box