Solution Testing Log Sheet for: (select only one)

☐ **MetriCide™ OPA *Plus*** ☐ **MetriCide™**

☐ **MetriCide™ 28** ☐ **MetriCide™ Plus 30**

WARNING: USE TEST STRIPS WITHIN 90 DAYS OF OPENING BOTTLE.

Date Test Strip Bottle First Opened _____ Do Not Use After (date) _____ Bottle Lot# _____

QC Test Results _____ QC Test Date _____ Tested By (initials) _____

WARNING: DO NOT USE SOLUTION BEYOND ITS STATED USE AND REUSE LIFE.

Date Solution Opened/ Activated	Date Solution Expires	Date Solution Tested	Time Solution Tested	Temp. in °F Before Use	Solution MRC Test Results (circle one)		Instrument Model and Serial#	Procedure Date	Patient MRN #	Tested By (initials)
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				
			a.m. p.m.		PASS	FAIL				

Location/Department: _____

For questions or comments, contact your Metrex representative at 800.841.1428 or visit www.metrex.com.

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