WIC Daily Client Log: Hemocue

Year	Local Agency: _____
Month	Site: _____

Cuvette Lot No:	Closed Vial Expiration Date	Open Vial Expiration Date

Date	Client Name	Client Id Number	Hemoglobin mg/dL	Initials	Comments
	Self Test	----------	Pass ☐ Fail ☐		

Initials	Name	Initials	Name