

**BIOLOGICAL
QUALITY CONTROL**

Subject ID: 2
 Subject Initials: _____
 Visit Number: _____
 Current Date: ____ / ____ / ____
 month day year
 Technician ID: _____

(Technician completed)

BIO_01 1. Serial Number of AirWatch™ being tested _____ - _____

BIO_02 2. Serial Number of mouthpiece being tested _____

		Clinic Use Only	Highest Value
BIO_03	3. Spirometer (L/Min)	_____	_____
BIO_04	4. AirWatch™ (L/Min)	_____	_____

Relative Bias $\frac{(\text{AirWatch}^{\text{TM}} - \text{Spirometer})}{\text{Spirometer}} * 100\%$ _____ . _____ %

When a subject receives a new AirWatch™ or mouthpiece for the first time, the biological relative bias must be less than 15%

When a subject returns to the clinic with a used AirWatch™: subtract the original biological relative bias (the lower relative bias from when the AirWatch™ or mouthpiece was first dispensed) from the current biological relative bias. This value must be between -15% and +15%

BIO_05 5. Did the subject pass the Biological Quality Control testing? ₁ Yes ₀ No

☞ If **Yes**, please **STOP** here.

☞ If **No**, please reinstruct the subject and retest.

		Clinic Use Only	Highest Value
BIO_06	6. Spirometer (L/Min)	_____	_____
BIO_07	7. AirWatch™ (L/Min)	_____	_____

Relative Bias $\frac{(\text{AirWatch}^{\text{TM}} - \text{Spirometer})}{\text{Spirometer}} * 100\%$ _____ . _____ %