

TRUE METRIX TRUE METRIX Blood Glucose Test Strips

TRUE METRIX Blood Glucose Test Strips User Manual

Model: TRUE METRIX Blood Glucose Test Strips

INTRODUCTION

The TRUE METRIX Blood Glucose Test Strips are an essential component of the TRUE METRIX Self Monitoring Blood Glucose System. These strips are designed for accurate and reliable measurement of blood glucose levels, providing critical information for diabetes management. They are intended for **in vitro diagnostic use only**. Each test strip requires a tiny blood sample and incorporates advanced technology to ensure precise results by accounting for various physiological and environmental factors.



Image: Front view of the TRUE METRIX Blood Glucose Test Strips box, indicating "Self Monitoring Blood Glucose Test Strips," "Tiny Blood Sample," "Easy to Handle," and "50 Test Strips Included." It also states compatibility with TRUE METRIX, TRUE METRIX AIR, and TRUE METRIX GO Self Monitoring Meters.

KEY FEATURES

- **Tiny Blood Sample:** Requires only 0.5 microliters of blood, making testing less invasive.
- **Triple Sense Technology:** Automatically detects, analyzes, and corrects for common variables in each blood

sample, such as hematocrit and temperature, to ensure proven accuracy.

- **Easy to Handle:** Designed for user convenience during the testing process.
- **Quantity:** Each box contains 50 individual test strips.
- **Compatibility:** Specifically designed for use with TRUE METRIX, TRUE METRIX AIR, and TRUE METRIX GO Self Monitoring Meters.
- **Manufactured in the USA:** Ensures quality and adherence to manufacturing standards.

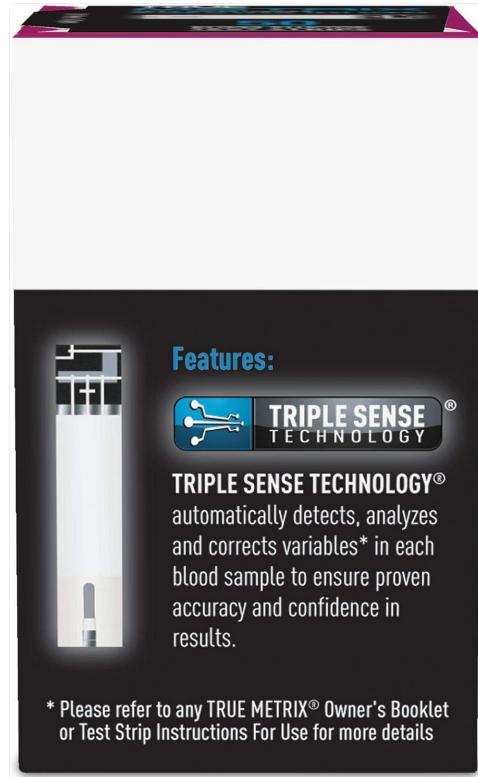


Image: Side view of the TRUE METRIX test strip box, emphasizing "Triple Sense Technology" with a graphic. The text explains that this technology automatically detects, analyzes, and corrects variables in each blood sample for accurate results.



Image: A visual representation of the "Detect, Analyze, Correct" process. The "Detect" icon shows a blood drop target, "Analyze" shows a circuit board pattern, and "Correct" shows three TRUE METRIX meters displaying consistent results.

SETUP AND PREPARATION

Before performing a blood glucose test, ensure you have all necessary components and prepare them correctly.

Components Required:

- TRUE METRIX Blood Glucose Meter (sold separately)
- TRUE METRIX Blood Glucose Test Strips
- Lancing Device (sold separately)
- Lancets (sold separately)

- Control Solution (optional, for testing meter and strip accuracy)

Preparation Steps:

1. **Wash Hands:** Thoroughly wash your hands with warm, soapy water and dry them completely. This helps prevent infection and ensures an accurate sample.
2. **Gather Supplies:** Lay out your meter, a new test strip, lancing device, and lancet on a clean, dry surface.
3. **Check Expiration Date:** Verify the expiration date on the test strip vial. Do not use expired test strips, as they may yield inaccurate results.
4. **Insert Lancet:** Load a new lancet into your lancing device according to its instructions.
5. **Prepare Meter:** Turn on your TRUE METRIX meter. It should be ready to accept a test strip.



Image: A white vial labeled "TRUE METRIX Self Monitoring Blood Glucose Test Strips" with "50 Test Strips" visible. Next to it are two individual TRUE METRIX test strips and a "MADE IN USA" flag, indicating the product's origin.

OPERATING INSTRUCTIONS (PERFORMING A TEST)

Follow these steps to perform a blood glucose test using TRUE METRIX test strips.

1. **Insert Test Strip:** With the meter off, carefully insert a new TRUE METRIX test strip into the test strip port of your meter. The meter will automatically turn on.
2. **Obtain Blood Sample:** Use the lancing device to prick the side of your fingertip. Gently squeeze your finger to form a small drop of blood.
3. **Apply Blood Sample:** Touch the tip of the test strip to the blood drop. The strip will draw the blood into the reaction area. Do not apply blood to the top of the strip.
4. **Wait for Result:** The meter will begin counting down. After a few seconds, your blood glucose result will appear on the meter's display.
5. **Record Result:** Note your result in your logbook or diabetes management app.
6. **Dispose of Strip and Lancet:** Safely dispose of the used test strip and lancet in a sharps container.

For detailed instructions on using your specific TRUE METRIX meter model, refer to its individual user manual.



Image: Three TRUE METRIX blood glucose meters are displayed: the standard TRUE METRIX, TRUE METRIX GO (smaller), and TRUE METRIX AIR. All meters show a reading of "102 mg/dL," illustrating their consistent display format.

MAINTENANCE AND STORAGE

Proper maintenance and storage of your TRUE METRIX test strips are crucial for ensuring their accuracy and longevity.

Storage:

- Store test strips in their original vial with the cap tightly closed. Do not transfer strips to another container.
- Store at room temperature, between 40°F and 86°F (4°C and 30°C).
- Keep away from direct sunlight, heat, and moisture.
- Do not refrigerate or freeze test strips.
- Use test strips within the expiration date printed on the vial. Once the vial is opened, use the strips within the timeframe specified in your meter's manual (typically 6 months).

Handling:

- Always handle test strips with clean, dry hands.
- Do not bend, cut, or alter the test strips in any way.
- Close the vial cap immediately after removing a test strip to protect the remaining strips from humidity.

TROUBLESHOOTING COMMON ISSUES

If you encounter issues during testing, consider the following common problems and solutions.

Problem	Possible Cause	Solution
Error message on meter	Improper strip insertion, insufficient blood sample, expired strip, or meter malfunction.	Ensure strip is fully inserted. Re-test with a new strip and sufficient blood. Check strip expiration. Refer to meter manual for specific error codes.
Inaccurate results	Expired or improperly stored strips, dirty meter, incorrect testing technique, or interfering substances.	Use fresh, properly stored strips. Clean meter according to manual. Review testing technique. Consult a healthcare professional if concerns persist. Perform a control solution test.

Problem	Possible Cause	Solution
No blood drawn into strip	Insufficient blood sample size, incorrect application angle, or damaged strip.	Ensure a large enough blood drop. Touch the tip of the strip to the blood drop, not the top. Use a new strip.

If troubleshooting steps do not resolve the issue, contact Trividia Health customer support or your healthcare provider.

PRODUCT SPECIFICATIONS

- **Model Name:** TRUE METRIX Blood Glucose Test Strips
- **Test Type:** Blood Glucose
- **Sample Volume:** 0.5 microliters
- **Number of Pieces:** 50 test strips per vial
- **Special Feature:** Hypoallergenic
- **Product Dimensions:** Approximately 1 x 1 x 2 inches (vial)
- **Product Weight:** Approximately 1.13 ounces (vial)
- **Manufacturer:** Trividia Health
- **ASIN:** B013UCPRKC
- **Date First Available:** April 18, 2016

WARRANTY AND SUPPORT

Specific warranty information for TRUE METRIX Blood Glucose Test Strips is typically provided within the full product manual included with your meter or on the manufacturer's official website. Test strips are consumable items and generally have a limited warranty covering manufacturing defects up to their expiration date, provided they are stored and used correctly.

For customer support, technical assistance, or to report any issues with your TRUE METRIX products, please contact Trividia Health directly. Contact information can usually be found on the product packaging or their official website.

Manufacturer: Trividia Health

It is recommended to keep your purchase receipt for any warranty claims.

© 2025 TRUE METRIX. All rights reserved. This manual is for informational purposes only.
Always consult with a healthcare professional for medical advice and interpretation of results.

Related Documents

	<p><u>TRUE METRIX Self Monitoring Blood Glucose System Owner's Booklet & Fast Test Guide</u></p> <p>Official owner's booklet and fast test guide for the TRUE METRIX Self Monitoring Blood Glucose System by Trividia Health. Learn how to accurately test blood glucose levels, manage your device, and find support.</p>
---	--

	<p><u>TRUE METRIX® Blood Glucose Meters for MaineCare Patients Trividia Health</u></p> <p>Discover TRUE METRIX® AIR and TRUE METRIX® blood glucose monitoring systems, featuring advanced technology and accuracy for patients with MaineCare coverage in Maine. Learn about features, ordering, and resources.</p>
	<p><u>True Metrix Air Blood Glucose Testing Quick Reference Guide</u></p> <p>A quick reference guide for blood glucose testing using the True Metrix Air system, including step-by-step instructions, tips, and important safety information.</p>
	<p><u>TRUE METRIX® Blood Glucose Meters: Preferred by Arkansas Medicaid Plans</u></p> <p>Information on TRUE METRIX® AIR and TRUE METRIX® blood glucose meters, preferred by Arkansas Medicaid Plans. Features, benefits, and ordering information for healthcare providers.</p>

Documents - TRUE METRIX – TRUE METRIX Blood Glucose Test Strips

[\[pdf\]](#) User Manual Quick Start Guide Instructions Troubleshooting Guide

Specifications

Provided by ManualsAndMore Download User Manual Trividia Health TRUE METRIX GO Instructions For Use manualsandmore.com

RF4AUT16 Rev. 51 Blood Glucose Monitoring System Instructions For Use IFU
CONTENTS 1. Introduction 2. Information About Your System 3. Getting Started 4. Testing 5. Testing

CONTENTS Important Information About Your System front page 3
Intended Use Obtaining a Blood Sample Important Health and Safety Info
to Test Blood References System Out of Range Warning Me...
lang:en score:54 filesize: 4 M page_count: 6 document date: 2019-07-24

[pdf] User Manual Owner's Manual

TRUE METRIX® It works! McKesson Battery Owner s Manual Self Test Log Book Carry Case Lancing Device 10 Lancets METRIX ® Strips 06 RE4051 43 1ea 6ea cs Monitoring Blood Glucose System 2015 02 imacdn mckesson CumulusWeb Click and learn

TRUE METRIX The McKesson TRUE METRIX Self-Monitoring Blood Glucose System is intended for the quant ... and temperature, resulting in improved precision and accuracy. Designed for use only with McKesson TRUE METRIX Blood Glucose Test Strips and Control Solutions. Features and Benefits No coding requir...

lang:en score:43 filesize: 273.83 K page_count: 1 document date: 2015-04-21

[pdf] Datasheet Safety Datasheet Label

MATERIAL SAFETY DATA SHEET PAGE 1 OF X Angela Logue MSDS BettyMills Professional Monitoring Blood Glucose Meter TRUE METRIX® BX 6BX CS McKesson 06 RE4051P 00 MON15042400 bettymills product |||

SAFETY DATA SHEET SECTION 1: PRODUCT AND COMPANY
IDENTIFICATION PRODUCT NAME: McKesson TRUE METRIX Blood Glucose Test
Strips MFR #: 06-R3051P-05, 06-R3051-41, 06-R3051P-01, 06-R3051-45, 06-
RE4051P-00, 06-RE4051-43 DISTRIBUTED BY: McKesson Medical-Surgical Inc.
8741 Landmark Road Richmond, VA 23228...

lang:en score:32 filesize: 137.25 K page_count: 4 document date: 2015-06-08

[pdf] Datasheet Safety Datasheet Label

MATERIAL SAFETY DATA SHEET PAGE 1 OF X Angela Logue SDS TRUE METRIX McKesson Blood Glucose Meter System Kit MGM06 METER KIT BLD GLUC TRUEMETRISNGL PT1 imgcdn mckesson CumulusWeb Click and learn |||

SAFETY DATA SHEET SECTION 1: PRODUCT AND COMPANY
IDENTIFICATION PRODUCT NAME: McKesson TRUE METRIX Blood Glucose Test
Strips MFR #: 06-R3051P-05, 06-R3051-41, 06-R3051P-01, 06-R3051-45, 06-
RE4051P-00, 06-RE4051-43 DISTRIBUTED BY: McKesson Medical-Surgical Inc.
8741 Landmark Road Richmond, VA 23228...

lang:en score:32 filesize: 137.25 K page_count: 4 document date: 2015-06-08

510(k) SUBSTANTIAL EQUIVALENCE DETERMINATION
DECISION SUMMARY
ASSAY AND INSTRUMENT C O M B I N A T I O N T E M P L A T E

A. 510(k) Number:
k120989

B. Purpose for Submission:
New Device

C. Measurement:
Capillary whole blood glucose from the finger and forearm, and venous whole blood

D. Type of Test:
Quantitative amperometric assay (Glucose Dehydrogenase-FAD)

E. Applicant:
Nippon Diagnostic, Inc

F. Proprietary and Established Names:
TRUE METRIX™ Self Monitoring Blood Glucose System
TRUE METRIX PRO™ Professional Monitoring Blood Glucose System

G. Regulatory Information:

Product Code	Classification	Regulation Section	Panel
NWV - Glucose test system	Class II	862.1343	Clinical Chemistry (75)
11FR - Glucose Diabetic Glucose	Class II	862.1343	Clinical Chemistry (75)
DX-Single (Specified)	Class II (reserved)	862.1660	Clinical Chemistry (75)
Qualitative Control Material			
Glucose Test Strips			

[pdf]

K120989 accessdata fda gov cdrh docs reviews |||

510 k SUBSTANTIAL EQUIVALENCE DETERMINATION DECISION SUMMARY
ASSAY AND INSTRUMENT C O M B I N A T I O N ... tients in shock, dehydrated patients or hyper-osmolar patients TRUE METRIX Blood Glucose Meter and TRUE METRIX PRO Blood Glucose Test Strips are for single-patient use only TRUE METRIX PRO Blood Glucose...

lang:en score:31 filesize: 239.52 K page_count: 18 document date: 2013-04-26

Pharmacy product order form

We are pleased to offer our pharmacy customers a range of wholesale pricing discounts based on order value.

Order value (excludes shipping)	Discount
\$250	10%
\$450	12.5%
\$750	15%

Pharmacies that spend more than \$5,000 in a financial year will receive a 20% wholesale discount paid as a rebate. The discount is applied to your overall annual spend, less any discounts already received. Your rebate is calculated in early July and paid via EFT in early August.

Details
Please complete this order form and email to product@diabetesshop.com.au

Business name: _____
Billing address: _____
ABN: _____
Contact person: _____
Phone: _____
Email: _____

Payment method: Credit card EFT direct deposit
(Credit card payments. The contact person listed above will be called to process the payment over the phone once the order has been processed.)

Shipping address (if different to billing address):

GP BOX 1624, Sydney NSW 2001 | ABN 44 001 363 766 | CPIN 0444 | 1800 342 238 | customerserv@diabetesshop.com.au | diabetesshop.com.au

[pdf] Price List

Afrodite Katsis Download the form here Pharmacy Wholesale Customers Diabetes Shop Australia Price List Form Draft Jan22 v 2 1642721960 cdn shopify s files 1 0507 7817 7707 |||

Pharmacy product order form We are pleased to offer our pharmacy customers a range of wholesale pricing discounts based on order value. Order value excludes shipping 250 500 750 Discount 10 12.5 15 Pharmacies that spend a more than 5,000 in a financial year will receive a 20 wholesale ...

lang:en score:25 filesize: 423.31 K page_count: 8 document date: 2022-01-20

目录

一、适用范围、机型型号、配套试纸、检测方法和Q质管	3
1.1 适用范围	3
1.2 机型型号	3
1.3 配套试纸	3
1.4 检测方法和质管	3
二、仪器主要结构及其各部件和结构示意图	3
2.1 主要结构图	3
2.2 自检仪及各种操作图和示意图	4
2.2.1 自检TRUE METRIX GO示意图	4
2.2.2 采血部位示意图	4
三、显示说明	5
四、使用操作	7
4.1 安装电池	7
4.2 仪器设置	8
4.3 测试	9
4.4 结果查询	11
五、检查方法	11
5.1 自动自测	11

1

[pdf]

2001 TRUE METRIX GO 2021112914181100550 sinocare uploadfiles 20211129 29 nov
2021 — 1 2 3 4 60 pagine ®TRUE GO
|||
3 1.1 3 1.2 3 1.3 3 1.4 3 3 2.1 3 2.2 4 2.2.1 TRUE METRIX GO 4 2.2.2 4 5 7 4.1 7 4.2 8
4.3 9 4.4 11 11 5.1 11 1 5.2 12 5.2.1 12 5.2.2 12 13 14 14 14 19 20 21 21 21 14.1 22
14.2 23 14.3 24 14.4 2...
lang:it score:24 filesize: 3.79 M page_count: 60 document date: 2021-10-14

Marketplace

2025 |

Formulary (List of Covered Drugs)

Formulario (Lista de Medicinas Cubiertas)

Molina Healthcare of Idaho Marketplace

Notice:
The information in this document is current as of April 1, 2025.

The formulary is subject to change and all previous versions of the formulary are no longer in effect. An electronic version of the formulary can be found at MolinaMarketplace.com.

Information about prescription drug cost sharing amounts can be found on our Benefits at a Glance brochure or by entering your prescription and pharmacy information into the search drugs tool.

216051MAMP0008
216051MAMP000403
202501
v1.0 B1292102

Aviso:
La información de este documento está vigente a partir del 1 de abril de 2025.

El formulario está sujeto a cambios y todas las versiones anteriores del mismo ya no se encuentran en vigor. Puede encontrar una versión electrónica del formulario en MolinaMarketplace.com.

Puede encontrar información sobre los montos de distribución de costos para medicamentos recetados en nuestro folleto Beneficios de un vistazo o ingresando su información de receta y farmacia en la herramienta Verificar Costo de Medicinas.



[\[pdf\] Guide Borchure](#)

Molina Marketplace Idaho 2025 Formulary formulary covered drugs prescription drug coverage medications formulario lista de Medicinas cubiertas Healthcare Inc List of Covered Drugs Formulario Mar 31 — guide Are there any or other products that are not at all OZEMPIC 0 25 OR 5 MG DOSE 27 1 IDFormulary2025 molinahealthcare marketplace id en us media PublicWebsite members ||| Marketplace 2025 Formulary List of Covered Drugs Formulario Lista de Medicinas Cubiertas Molina Healthcare of Idaho Marketplace Notice: The information in this document is current as of April 1, 2025. The formulary is subject to change and all previous versions of the formulary are no long...

lang:es score:15 filesize: 2.29 M page_count: 173 document date: 2025-04-04

Marketplace

2024 |

Formulary (List of Covered Drugs)

Formulario (Lista de Medicinas Cubiertas)

Molina Healthcare of Utah, Inc Marketplace

Notice:
The information in this document is current as of July 1, 2024.

The formulary is subject to change and all previous versions of the formulary are no longer in effect. An electronic version of the formulary can be found at MolinaMarketplace.com.

Information about prescription drug cost sharing amounts can be found on our Benefits at a Glance brochure or by entering your prescription and pharmacy information into the Drug Look-Up tool.

216051MAMP0008
216051MAMP000403
202401
v1.0 B1292102

Aviso:
La información de este documento está vigente a partir del 1 de julio de 2024.

El formulario está sujeto a cambios y todas las versiones anteriores del mismo ya no se encuentran en vigor. Puede encontrar una versión electrónica del formulario en MolinaMarketplace.com.

Puede encontrar información sobre los montos de distribución de costos para medicamentos recetados en nuestro folleto Beneficios de un vistazo o ingresando su información de receta y farmacia en la herramienta Verificar Costo de Medicinas.



[\[pdf\] Guide Borchure](#)

Molina Marketplace Utah 2024 Formulary Drug List MI MS SC TX UT WI formulary covered drugs prescription drug coverage medications formulario lista de Medicinas cubiertas Healthcare Inc of Covered Drugs Formulario Lista Jun 21 — This guide contains many details for common questions You may also call DEXCOM G6 RECEIVER 98 SENSOR UTFormulary2024 molinahealthcare marketplace ut en us media PublicWebsite members ||| Marketplace 2024 Formulary List of Covered Drugs Formulario Lista de Medicinas Cubiertas Molina Healthcare of Utah, Inc Marketplace Notice: The information in this document is current as of July 1, 2024. The formulary is subject to change and all previous versions of the formulary are no lon...

lang:es score:13 filesize: 2.29 M page_count: 183 document date: 2024-06-18

Marketplace

2025 |
Formulary (List of Covered Drugs)
Formulario (Lista de Medicinas Cubiertas)

Molina Healthcare of Michigan, Inc
Marketplace

Notice:
The information in this document is current as of April 1, 2025.
The formulary is subject to change and all previous versions of the formulary are no longer in effect. An electronic version of the formulary can be found at MolinaMarketplace.com.
Information about prescription drug cost and coverage amounts can be found on our Benefits at a Glance brochure or by entering your prescription and pharmacy information into the search drugs tool.

Aviso:
La información de este documento está vigente a partir del 1 de abril de 2025.
El formulario está sujeto a cambio y todas las versiones anteriores del mismo ya no se encuentran en efecto. Puede encontrar una versión electrónica del formulario en MolinaMarketplace.com.
Puede encontrar información sobre los montos de distribución para medicamentos recetados en nuestro folleto Beneficios de un vistazo o ingresando la información de receta y farmacia en la herramienta Buscar de medicinas.

240701MICHIGAN
240701MICHIGAN000
202501
v1.0 B1202202



[pdf] User Manual Borchure

Molina Marketplace Michigan 2025 Formulary formulary covered drugs prescription drug coverage medications formulario lista de Medicinas cubiertas Healthcare Inc List of Covered Drugs Formulario Lista El manual del miembro y el acuerdo plan Evidencia Cobertura también contienen información importante sobre la cobertura Consulte del MIFormulary2025 molinahealthcare marketplace mi es us CA media PublicWebsite members |||

Marketplace 2025 Formulary List of Covered Drugs Formulario Lista de Medicinas Cubiertas Molina Healthcare of Michigan, Inc Marketplace Notice: The information in this document is current as of April 1, 2025. The formulary is subject to change and all previous versions of the formulary are...

lang:es score:12 filesize: 2.3 M page_count: 173 document date: 2025-03-13

Marketplace

2024 |
Formulary (List of Covered Drugs)
Formulario (Lista de Medicinas Cubiertas)

Molina Healthcare of Idaho
Marketplace

Notice:
The information in this document is current as of July 1, 2024.
The formulary is subject to change and all previous versions of the formulary are no longer in effect. An electronic version of the formulary can be found at MolinaMarketplace.com.
Information about prescription drug cost and coverage amounts can be found on our Benefits at a Glance brochure or by entering your prescription and pharmacy information into the Drug Look-Up tool.

Aviso:
La información de este documento está vigente a partir del 1 de julio de 2024.
El formulario está sujeto a cambio y todas las versiones anteriores del mismo ya no se encuentran en efecto. Puede encontrar una versión electrónica del formulario en MolinaMarketplace.com.
Puede encontrar información sobre los montos de distribución para medicamentos recetados en nuestro folleto Beneficios de un vistazo o ingresando la información de receta y farmacia en la herramienta Verificar Costo de Medicamentos.

240701IDAHO
240701IDAHO000
202401
v1.0 B1202202



[pdf] User Manual Borchure

Molina Marketplace Idaho 2024 Formulary Drug List formulary covered drugs prescription drug coverage medications formulario lista de Medicinas cubiertas Healthcare Inc of Covered Drugs Formulario Lista 21 juin — El manual del miembro y el acuerdo plan también contienen información Water For Irrigation Sterile Argyle Solution 183 pages IDFormulary2024 molinahealthcare marketplace id en us media PublicWebsite members |||

Marketplace 2024 Formulary List of Covered Drugs Formulario Lista de Medicinas Cubiertas Molina Healthcare of Idaho Marketplace Notice: The information in this document is current as of July 1, 2024. The formulary is subject to change and all previous versions of the formulary are no longer...

lang:es score:10 filesize: 2.29 M page_count: 183 document date: 2024-06-18