

2019 CDC Accuracy-Based Monitoring Programs (CDC AMP) Enrollment Form

Lab ID (assigned by CDC)	Enter number of kits required (each kit includes 0.4 mL aliquots)		
	Total Testosterone in male (TTM) [Total Testosterone > 100 ng/dL]		Kit(s)
	Total Testosterone in female (TTF) [Total Testosterone < 100 ng/dL]		Kit(s)
	Total 25-hydroxyvitamin D (VD)		Kit(s)
LABORATORY AND DIRECTOR:			
Lab Name:			
Director's Title:		Department:	
First Name:		Address 1:	
Last Name:		Address 2:	
E-mail:		City:	
Phone:		State:	
Zip Code:		Country:	
PRIMARY LABORATORY CONTACT (send correspondence to):			
Title:		Department:	
First Name:		Address 1:	
Last Name:		Address 2:	
E-mail:		City:	
Phone:		State:	
Zip Code:		Country:	
SHIP SAMPLES TO (if different from primary laboratory contact):			
Title:		Department:	
First Name:		Address 1:	
Last Name:		Address 2:	
E-mail:		City:	
Phone:		State:	
Zip Code:		Country:	
BILLING INFORMATION (if different from primary laboratory contact):			
Title:		Address 1:	
First Name:		Address 2:	
Last Name:		City:	
Phone:		State:	
Zip Code:		Country:	
SHIPPING INFORMATION			
FedEx Account No.:		VAT/Tax ID:	
SIGNATURE			
Laboratory Director's Signature:		Date:	
SUBMIT ELECTRONIC COPIES TO			
Centers for Disease Control and Prevention (CDC) Clinical Standardization Programs Email: Standardization@cdc.gov			

*Disclaimer-Information provided here will be shared with 3rd party shipping company

Data Submission Form for Total Testosterone in Females (TTF) and Total Testosterone in Males (TTM) Data Form
 Fill all applicable white fields in sections 1 - 2

Lab ID: **ATFXXX**

1. Sample Results (in ng/dL and 3 significant digits)

Sample Order	Week	Vial ID	Date of Analysis			Results (ng/dL) with 3 significant digits				*Comments/Error Message & Explanation
			mm	dd	yyyy	Run 1	NR	Run 2	NR	
1	Week 1	1354684					▼		▼	
2	Week 2	1354685					▼		▼	
3	Week 3	1354686					▼		▼	
4	Week 4	1354687					▼		▼	
5	Week 5	1354688					▼		▼	
6	Week 6	1354689					▼		▼	
7	Week 7	1354690					▼		▼	
8	Week 8	1354691					▼		▼	
9	Week 9	1354692					▼		▼	
10	Week 10	1354693					▼		▼	
11	Week 11	1354694					▼		▼	
12	Week 12	1354695					▼		▼	

2. Comments

Not Reported (NR) Legend

Code	Description
	Result Reported
QNS	Quantity Not Sufficient
<LOD	Below Limit of Detection
LabErr	Lab Error (e.g. spilled sample, etc.)
LstSmpl	Lost Sample
Other	*Use comment section to explain

Data Submission Form for Total 25-hydroxyvitamin D (VD)

Fill all applicable white fields in sections 1 - 2

Lab ID: **AVDXXX**

1. Sample Results (in nmol/L and 3 significant digits)

Sample Order	Week	Vial ID	Date of Analysis			Run 1 Results (nmol/L) with 3 significant digits					Run 2 Results (nmol/L) with 3 significant digits					*Comments/Error Message & Explanation
			mm	dd	yyyy	25OHD2	25OHD3	VID3E	Total 25OHD	NR	25OHD2	25OHD3	VID3E	Total 25OHD	NR	
1	Week 1	1354684														
2	Week 2	1354685														
3	Week 3	1354686														
4	Week 4	1354687														
5	Week 5	1354688														
6	Week 6	1354689														
7	Week 7	1354690														
8	Week 8	1354691														
9	Week 9	1354692														
10	Week 10	1354693														
11	Week 11	1354694														
12	Week 12	1354695														

2. Comments

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