



CDC Standardization Programs
Participant Contact Form

Form Approved
OMB No. 0920-xxxx
Exp. Date xx/xx/20xx

Enrollment in (mark with a "X")

- Hormone Standardization (HoSt) – Testosterone (Reportable Range in ng/dL: _____)
- Hormone Standardization (HoSt) – Estradiol (Reportable Range in pg/mL: _____)
- Vitamin D Standardization Certification Program (VDSCP)
- Other (please add description) _____

A. DIRECTOR AND LABORATORY:

| | |
|--------------------------------|--|
| Director's Title: _____ | Lab Name: _____ |
| First Name: _____ | Department: _____ |
| Last Name: _____ | Address 1: _____ |
| E-mail: _____ | Address 2: _____ |
| Phone: _____ | City: _____ State: _____ |
| Fax: _____ | Zip Code: _____ |
| | Country: _____ |

B. PRIMARY LABORATORY CONTACT (send correspondence to):

| | |
|--------------------------|--|
| Title: _____ | Lab Name: _____ |
| First Name: _____ | Department: _____ |
| Last Name: _____ | Address 1: _____ |
| E-mail: _____ | Address 2: _____ |
| Phone: _____ | City: _____ State: _____ |
| Fax: _____ | Zip Code: _____ |

C. SHIP SAMPLES TO (if different from primary laboratory contact):

| | |
|--------------------------|--|
| Title: _____ | Lab Name: _____ |
| First Name: _____ | Department: _____ |
| Last Name: _____ | Address 1: _____ |
| E-mail: _____ | Address 2: _____ |
| Phone: _____ | City: _____ State: _____ |
| Fax: _____ | Zip Code: _____ |

D. BILLING INFORMATION

| | |
|------------------------|--|
| Lab Name: _____ | Address 1: _____ |
| Lab ID*: _____ | Address 2: _____ |
| Phone: _____ | City: _____ State: _____ |
| Fax: _____ | Zip Code: _____ |

E. SHIPPING INFORMATION

| | |
|---------------------------------|-------------------------|
| FedEx Account No.: _____ | VAT/Tax ID _____ |
|---------------------------------|-------------------------|

Laboratory Director's Signature: _____ **Date:** _____

SUBMIT ELECTRONIC COPIES TO

Centers for Disease Control and Prevention
 Division of Laboratory Sciences
 4770 Buford Highway, NE F25
 Atlanta, Georgia 30341-3724
 Phone (770) 488-7391;
 Email: Standardization@cdc.gov

*Lab ID:

(assigned by CDC)

DAY 1 - Extra Volume

Fill all applicable white fields in sections 1 - 3

| | | | |
|-------------------|------|----|------|
| Date of Analysis: | mm | dd | yyyy |
| Lab ID: | E007 | | |

1. Sample Results (in pg/mL)

| Sample # | Vial ID | | Results (pg/mL) | | | | *Comments/Error Message & Explanation |
|----------|-------------|-------------|-----------------|----|-------------|----|---------------------------------------|
| | Replicate 1 | Replicate 2 | Replicate 1 | NR | Replicate 2 | NR | |
| 1/11 | 162901242SA | 162901270SA | | | | | |
| 2/12 | 160125749SA | 160515749SA | | | | | |
| 3/13 | 162050781SA | 162020281SA | | | | | |
| 4/14 | 160001259SA | 160147237SA | | | | | |
| 5/15 | 165297934SA | 165265989SA | | | | | |
| 6/16 | 867613811SA | 867609153SA | | | | | |
| 7/17 | 160877439SA | 161700417SA | | | | | |
| 8/18 | 163631532SA | 163630300SA | | | | | |
| 9/19 | 163940410SA | 163938612SA | | | | | |
| 10/20 | 161009480SA | 161009344SA | | | | | |

2. Bench Quality Controls

| Level | Lot Number | Results (pg/mL) | | | | *Comments/Error Message & Explanation |
|-------|------------|-----------------|----|-------------|----|---------------------------------------|
| | | Replicate 1 | NR | Replicate 2 | NR | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

3. Comments

Not Reported (NR) Legend

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

DAY 2 - Extra Volume

Fill all applicable white fields in sections 1 - 3

| | | | |
|-------------------|------|----|------|
| Date of Analysis: | mm | dd | yyyy |
| Lab ID: | E007 | | |

1. Sample Results (in pg/mL)

| Sample # | Vial ID | | Results (pg/mL) | | | | *Comments/Error Message & Explanation |
|----------|-------------|-------------|-----------------|----|-------------|----|---------------------------------------|
| | Replicate 1 | Replicate 2 | Replicate 1 | NR | Replicate 2 | NR | |
| 1/11 | 162885966SA | 162894244SA | | | | | |
| 2/12 | 165267794SA | 165297716SA | | | | | |
| 3/13 | 162080701SA | 162075112SA | | | | | |
| 4/14 | 161137631SA | 161143193SA | | | | | |
| 5/15 | 165096956SA | 165082956SA | | | | | |
| 6/16 | 867624800SA | 867623661SA | | | | | |
| 7/17 | 165736417SA | 167003295SA | | | | | |
| 8/18 | 163642582SA | 163642592SA | | | | | |
| 9/19 | 163915662SA | 163922602SA | | | | | |
| 10/20 | 161060955SA | 161051501SA | | | | | |

2. Bench Quality Controls

| Level | Lot Number | Results (pg/mL) | | | | *Comments/Error Message & Explanation |
|-------|------------|-----------------|----|-------------|----|---------------------------------------|
| | | Replicate 1 | NR | Replicate 2 | NR | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

3. Comments

Not Reported (NR) Legend

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

DAY 1

Fill all applicable white fields in sections 1 - 3

Date of Analysis:
 Lab ID:

1. Sample Results (in nmol/L)

| Sample # | Vial ID | Replicate 1 Results (nmol/L) | | | | | Replicate 2 Results (nmol/L) | | | | | *Comments/Error Message & Explanation |
|----------|-------------|------------------------------|--------|------------|-------------|----|------------------------------|--------|------------|-------------|----|---------------------------------------|
| | | 25OHD2 | 25OHD3 | epi-25OHD3 | Total 25OHD | NR | 25OHD2 | 25OHD3 | epi-25OHD3 | Total 25OHD | NR | |
| 1 | 161892300SA | | | | | | | | | | | |
| 2 | 164088506SA | | | | | | | | | | | |
| 3 | 167162334SA | | | | | | | | | | | |
| 4 | 163120862SA | | | | | | | | | | | |
| 5 | 168014705SA | | | | | | | | | | | |
| 6 | 163011363SA | | | | | | | | | | | |
| 7 | 163123921sa | | | | | | | | | | | |
| 8 | 162310387SA | | | | | | | | | | | |
| 9 | 165759937SA | | | | | | | | | | | |
| 10 | 164412670SA | | | | | | | | | | | |

2. Bench Quality Controls

| Level | Lot Number | Replicate 1 Results (nmol/L) | | | | | Replicate 2 Results (nmol/L) | | | | | *Comments/Error Message & Explanation |
|-------|------------|------------------------------|--------|------------|-------------|----|------------------------------|--------|------------|-------------|----|---------------------------------------|
| | | 25OHD2 | 25OHD3 | epi-25OHD3 | Total 25OHD | NR | 25OHD2 | 25OHD3 | epi-25OHD3 | Total 25OHD | NR | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |

3. Comments

Not Reported (NR) Legend

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

DAY 2

Fill all applicable white fields in sections 1 - 3

Date of Analysis:
 Lab ID:

1. Sample Results (in nmol/L)

| Sample # | Vial ID | Replicate 1 Results (nmol/L) | | | | | Replicate 2 Results (nmol/L) | | | | | *Comments/Error Message & Explanation |
|----------|-------------|------------------------------|--------|------------|-------------|----|------------------------------|--------|------------|-------------|----|---------------------------------------|
| | | 25OHD2 | 25OHD3 | epi-25OHD3 | Total 25OHD | NR | 25OHD2 | 25OHD3 | epi-25OHD3 | Total 25OHD | NR | |
| 11 | 161892110SA | | | | | | | | | | | |
| 12 | 164084695SA | | | | | | | | | | | |
| 13 | 167162934SA | | | | | | | | | | | |
| 14 | 163140822SA | | | | | | | | | | | |
| 15 | 168116416SA | | | | | | | | | | | |
| 16 | 163014592SA | | | | | | | | | | | |
| 17 | 163127260sa | | | | | | | | | | | |
| 18 | 162336387SA | | | | | | | | | | | |
| 19 | 165447959SA | | | | | | | | | | | |
| 20 | 164413630SA | | | | | | | | | | | |

2. Bench Quality Controls

| Level | Lot Number | Replicate 1 Results (nmol/L) | | | | | Replicate 2 Results (nmol/L) | | | | | *Comments/Error Message & Explanation |
|-------|------------|------------------------------|--------|------------|-------------|----|------------------------------|--------|------------|-------------|----|---------------------------------------|
| | | 25OHD2 | 25OHD3 | epi-25OHD3 | Total 25OHD | NR | 25OHD2 | 25OHD3 | epi-25OHD3 | Total 25OHD | NR | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |

3. Comments

Not Reported (NR) Legend

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