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

Vitamin A Laboratory - External Quality Assurance Program (VITAL-EQA)

Round 35 / Iron Indicators / sTfR

INSTRUCTIONS

- E-mail this completed worksheet to: **vitaminalab@cdc.gov**
- Round deadline: **December 18, 2020**
- All cells highlighted red are required or have invalid data that needs to be revised. Click on cell to see data requirements.
- Run these samples in the same way as you would routine patient samples.
- Run in singlicate over a period of two consecutive days (Day 1 and Day 2).
- Record all results with three significant figures (i.e., 105, 10.5, 1.05, 0.105).
- Retain the vials in your ultra-cold freezer for at least two weeks after data submission in case there is a question about the ID code or results.

Laboratory ID

Received Date (MM/DD/YY)

☐ Yes, shipper arrived cold ☐ No, shipper did not arrive cold

Assay Type

Instrument (Manufacturer/Model)

Kit Information *(if used)* (Name/Manufacturer)

	Low	High
Calibration Range	mg/L	mg/L
LOD	mg/L	

Run	Assay Date	Sample ID		Result (mg/L)	< LOD	Note
1			1		☐	
			1		☐	
			1		☐	
2			1		☐	
			1		☐	
			1		☐	

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