

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

INSTRUCTIONS

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

Round 35 / B-Vitamins / B12

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).

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.			
	ed Date (MM/DD/YY)	Tes, snipper Two, snipper did not arrive	
Assay Type			
Instrument Kit Information (if used)		(Manufacturer/Model) (Name/Manufacturer)	
Calibration Range		Low High  pg/mL pg/mL	
LOD		pg/mL  Sample ID Result Note	
Run 1	Assay Date	Sample ID         Result (pg/mL)         Note           1	
2		1	
Laboratory Notes			
OFFICIAL USE ONLY			