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

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

***Round 35 / Iron Indicators / CRP***

## 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 | | ☐ | |

## Laboratory Notes

## OFFICIAL USE ONLY