

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

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

Round 35 / Iron Indicators / Ferritin

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)	iiive	
Assay Type		
Instrument (Manufacturer/Model) Kit Information (if used) (Name/Manufacturer)		
Low High Calibration Range ng/mL ng/mL LOD ng/mL		
Run Assay Date Sample ID Result (ng/mL) < LOD Note		
1		
Laboratory Notes		

C	DEFICIAL USE ONLY