



**Instructions**

- Enter information only in the yellow shaded cells; cell will become green when populated
- Run these samples in the same way as you would routine patient samples
- Run the samples designated for each day in duplicate over a period of 4 days
- Record all results with three significant figures (i.e., 105, 10.5, 1.05, 0.105)
- E-mail this completed worksheet to: [micronutrbiomarkers@cdc.gov](mailto:micronutrbiomarkers@cdc.gov)
- Retain the vials in your freezer in case of any questions regarding the ID or results

Laboratory Details:

Laboratory ID#

Name of Laboratory/Country

Shipment Details:

Shipment received date

Was the shipper received cold?

Did shipper contain a temperature monitor?

Color of dot on temperature monitor

Assay Details:

Matrix

Analyte

Units

Assay

Instrument  (Manufacturer/Model)

(if a kit used) Kit Details  (Name/Manufacturer)

Calibrator(s)

Calibration Range:

Low Cal

High Cal

LOD

Run	Assay Date	Sample	Sample ID	Result 1 0	Result 2 0	Notes
Day 1		1				
		2				
		3				
		4				
		5				
		6				
		7				
		8				
		9				

Run	Assay Date	Sample	Sample ID	Result 1 0	Result 2 0	Notes
		10				
		QC1				
		QC2				
Day 2		1				
		2				
		3				
		4				
		5				
		6				
		7				
		8				
		9				
		10				
		QC1				
		QC2				
		Day 3		1		
2						
3						
4						
5						
6						
7						
8						
9						
10						
QC1						
QC2						
Day 4				1		
		2				
		3				
		4				
		5				
		6				
		7				
		8				
		9				
		10				
		QC1				
		QC2				

**Laboratory Notes**

Chromatographic/LC-MS/MS [should not include MeFox]

Chromatographic/HPLC-UV

Immunoassay/Protein Binding Assay

Microbiologic Assay

Other (Please Describe Below)

5-MethylTHF

Folic Acid

Do not know

Other (Please Describe Below)

Serum

Whole Blood

AGP

CRP

Ferritin

Folate

sTfR

Vitamin A

Vitamin B12

Vitamin D

nmol/L

μmol/L

ng/mL

μg/dL

pg/mL

mg/L

Yes

No

No Color

Pink/Red