## 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
- Retain the vials in your freezer in case of any questions regarding the ID or results

Laboratory Details	s:	Laboratory ID# Name of Laboratory/Country	
Shipment Details: D	oid shipper co	Shipment received date  /as the shipper received cold?  ntain a temperature monitor?  f dot on temperature monitor	
Assay Details:	Matrix Analyte Units	Folate	
	Assay	Microbiologic Assay	
(if a kit used)	Instrument Kit Details Calibrator(s)		(Manufacturer/Model) (Name/Manufacturer)
Calibra	ation Range: Low Cal High Cal LOD	0 0 0	

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

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

 $\mathsf{sTfR}$ 

Vitamin A

Vitamin B12

Vitamin D

nmol/L

μmol/L

ng/mL

μg/dL

pg/mL

mg/L

Yes

No

No Color

Pink/Red