



DC Method Performance Verification Program
Micronutrients Method Comparison



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:

Laboratory ID#

Name of Laboratory

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) (if available)

Calibration Range:

Low 0

High 0

LOD 0

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

| Run | Assay Date | Sample | Sample ID | Result 1 0 | Result 2 0 | Notes |
|-------|------------|--------|-----------|---------------|---------------|-------|
| | | 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