

CDC Clinical Standardization Programs

Form Approved OMB No. 0920-xxxx Exp. Date xx/xx/201x

2019 CDC A	Accuracy-Based	Monitoring Programs (CDC A	MP) Enrollment Form							
Lab ID (assigned by CD	C)	Enter number of kits required (each kit includes 0.4 mL aliquots)								
		Total Testosterone in male (TTM) [Total Testosterone > 100 ng/dL] Kit(
	Total Testo	Total Testosterone in female (TTF) [Total Testosterone < 100 ng/dL]								
Total 25-hydroxyvitamin D (VD)										
LABORATORY AND DIR	ECTOR:									
Lab Name:										
Director's Title:		Department:								
First Name:		Address 1:								
Last Name:		Address 2:								
E-mail:		City:								
Phone:		State:								
Zip Code:		Country:								
PRIMARY LABORATORY	CONTACT (send co	orrespondence to):								
Title:		Department:								
First Name:		Address 1:								
Last Name:		Address 2:								
E-mail:		City:								
Phone:		State:								
Zip Code:		Country:								
SHIP SAMPLES TO (if d	fferent from prima	ry laboratory contact):								
Title:	•	Department:								
First Name:		Address 1:								
Last Name:		Address 2:								
E-mail:		City:								
Phone:		State:								
Zip Code:		Country:								
BILLING INFORMATION	l (if different from p	orimary laboratory contact):								
Title:	-	Address 1:								
First Name:		Address 2:								
Last Name:		City:								
Phone:		State:								
Zip Code:		Country:								
SHIPPING INFORMATION	ON									
FedEx Account No.:		VAT/Tax ID:								
SIGNATURE										
Laboratory										
Director's		Date:								
Signature:										
	Sl	JBMIT ELECTRONIC COPIES TO								
	Centers fo	or Disease Control and Prevention (CD	OC)							
	Cl	inical Standardization Programs								
	Fr	mail: Standardization@cdc.gov								

*Disclaimer-Information provided here will be shared with 3rd party shipping company

Data Submission Form for Total Testosterone in Females (TTF) and Total Testosterone in Males (TTM) Data Form Fill all applicable white fields in sections 1 - 2

Lab ID: ATFXXX

1. Sample Results (in ng/dL and 3 significant digits)										
Sample Order	Week	Vial ID	Date	of Ana	alysis	Results	(ng/dL) with	3 significant dig		
Sample Order	week	Vidi ID	mm	dd	уууу	Run 1	NR	Run 2	NR	*Comments/Error Message & Explanation
1	Week 1	1354684					•		~	
2	Week 2	1354685					•		•	
3	Week 3	1354686					•		•	
4	Week 4	1354687					•		•	
5	Week 5	1354688					•		•	
6	Week 6	1354689					•		~	
7	Week 7	1354690					•		~	
8	Week 8	1354691					•		•	
9	Week 9	1354692					•		•	
10	Week 10	1354693					•	•	~	_
11	Week 11	1354694					•	•	~	
12	Week 12	1354695					~	•	▼	_

2. Comments		

	Not Reported (NR) Legend						
Code	Description						
	Result Reported						
QNS	Quantity Not Sufficient						
<lod< td=""><td>Below Limit of Detection</td></lod<>	Below Limit of Detection						
LabErr	Lab Error (e.g. spilled sample, etc.)						
LstSmpl	Lost Sample						
Other	*Use comment section to explain						

			: 5 (10)			Version 1.0.0
	Assay Characteristics Form for					
	Fill all applicable wi	nite fields in sections 1 -	· 6			
Analyte:	Total 25-Hydroxyvitamin D	4 I				
Matrix:	Serum	4. Instrument/Assay D	escription			
				Des	cription	
1. Participant Information		Labor	atory's Assay Identifier (CLIA code etc.) Choose Methodology Category:	Mass Spectrometry (MS)	Immunoassay (IA)	Other
Primary Contact (First and Last):			if other:		· IIIIII IIII III III III III III III I	- Oine
Company/Institution:				Please Choose a Methodology Category	()	*
Telephone Number:						
Email: CDC Lab ID (provided by CDC):	AVDXXX			Please Choose a Methodology Category		•
Coc tab to (provided by coc).	AVDAXX			Please Choose a Methodology Category		
2. Pool Series Information				The control of the co		
		0	ther Instrument Details (if applicable):			
Pool Series (PS):	PS148 2019 Q1					
Year and Quarter:	2019 Q1	v	olume of Serum Used Per Analysis (uL): Analysis Time Per Sample (min):			
2. Notes (Community			Units used to report results:	n	mol/L	
3. Notes/Comments			Limit of Detection (nmol/L):			
			Reportable Range Min (nmol/L):			
			Reportable Range Max (nmol/L): Single or Multi-Analyte Method:			7520
		if Multi-Analyt	Single or Multi-Analyte Method: e Method, list other analytes included:	Please use drop down		•
		aru-Analyu	, is other unaryes included.			
5. Calibrators (one level per row)						
		_				
Manufacturer: if other:	Please use drop down	•				
if other:			Concentrati	on (nmol/L)		
Level Name	Lot Number	250HD2	250HD3	VITD3E	Total 25	OHD
1						
2 3 4						
3						
5						
5 6						
7 8						
9						
10						
11						
11 12						
6. Reagents						
Manufacturer	Name	Lot N	lumber			
Please use drop down						
Please use drop down						
Please use drop down Please use drop down •		_				
Please use drop down Please use drop down		 				
Please use drop down						
Please use drop down						
Flease use drop down		_				
Please use drop down Please use drop down •						
Please use drop down Please use drop down		- 				
Please use drop down		 				
Please use drop down						
Please use drop down						
Please use drop down		_				
Please use drop down BioMerieux ***						
ENGRES OF STREET	**If Manufacturer Not Listed, Please Specify Below**					
	, , , , , , , , , , , , , , , , , , , ,					
						
		+				
		 				

Data Submission Form for Total 25-hydroxyvitamin D (VD) Fill all applicable white fields in sections 1 - 2

Lab ID: AVDXXX

1. Sample Res	1. Sample Results (in nmol/L and 3 significant digits)															
Sample Order	Week	Vial ID	Date	e of Ar	nalysis	R	un 1 Results (n	mol/L) with 3 si	ignificant digits		R	un 2 Results (n	mol/L) with 3 si	gnificant digits		*Comments/Error Message & Explanation
Sample Order	week	VialiD	mm	dd	уууу	250HD2	250HD3	VITD3E	Total 250HD	NR	250HD2	250HD3	VITD3E	Total 250HD	NR	Comments/Error Wiessage & Explanation
1	Week 1	1354684								•					•	
2	Week 2	1354685								-					•	
3	Week 3	1354686								-					•	
4	Week 4	1354687								~					-	
5	Week 5	1354688								~					-	
6	Week 6	1354689								•					-	
7	Week 7	1354690								-					•	
8	Week 8	1354691								~					-	
9	Week 9	1354692								-					•	
10	Week 10	1354693								~	•				-	
11	Week 11	1354694								~					-	
12	Week 12	1354695								-	•				-	

2. Comments			

Not Reported (NR) Legend							
Code	Description						
	Result Reported						
QNS	Quantity Not Sufficient						
<lod< td=""><td colspan="4">Below Limit of Detection</td></lod<>	Below Limit of Detection						
LabErr	Lab Error (e.g. spilled sample, etc.)						
LstSmpl	Lost Sample						
Other	*Use comment section to explain						