CDC Clinical Standardization Programs (CSP)

Form Approved
OMB No. 0920-1389
Exp. Date 03/31/2026

CDC Accuracy-Based Monitoring Programs (CDC AMP) Request/Enrollment Form

Lab ID (assigned by CDC)	**Analyte**	**# of kits needed** (in 0.4 mL aliquots)	**Assay Information** (Method, manufacturer, etc.)	**Reportable Range** (with units)
	Total Testosterone in male (TTM) [Total Testosterone > 100 ng/dL]	0 Kit(s)		
	Total Testosterone in female (TTF) [Total Testosterone < 100 ng/dL]	0 Kit(s)		
	Total Testosterone (TT) [Total Testosterone 10-1000 ng/dL]	0 Kit(s)		
	Total 25-hydroxyvitamin D (25OHD)	0 Kit(s)		

LABORATORY AND DIRECTOR:			
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 correspondence to):			
Title:		**Department:**	
First Name:		**Address 1:**	
Last Name:		**Address 2:**	
E-mail:		**City:**	
Phone:		**State:**	
Zip Code:		**Country:**	
SHIP SAMPLES TO (if different from primary laboratory contact):			
Title:		**Department:**	
First Name:		**Address 1:**	
Last Name:		**Address 2:**	
E-mail:		**City:**	
Phone:		**State:**	
Zip Code:		**Country:**	
BILLING INFORMATION (if different from primary laboratory contact):			
Title:		**Department:**	
First Name:		**Address 1:**	
Last Name:		**Address 2:**	
E-mail (required):		**City:**	
Phone:		**State:**	
Zip Code:		**Country:**	
SHIPPING INFORMATION			
FedEx Account No.:		**VAT/Tax ID:**	
SIGNATURE			
Laboratory Director's Signature:			

SUBMIT ELECTRONIC COPY TO:

Centers for Disease Control and Prevention | Clinical Standardization Programs (CDC CSP) | Email: Standardization@cdc.gov

*Each kit includes one year's worth of material in 0.4 mL aliquots

**Information provided here may be shared with a 3rd party company (for logistics purpose only)

CDC estimates the average public reporting burden for this collection of information as 70 minutes (25 minutes for enrollment and 45 minutes for data return) per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (0920-1389).

Form Approved
OMB No. 0920-1389
Exp. Date 03/31/2026

Data Submission Form for CDC Accuracy-based Monitoring Programs (CDC AMP): Total Testosterone in Males and Females (TTMF)

General Information

This form is used to report results for CDC Monitoring Programs
Ensure all submitted values are in the units of ng/dL
Do not modify the title or contents of this form
If applicable, click "enable content" before filling out the form

Instructions

1	Where applicable, fill out the information on the "Assay Characteristics" sheet as it is to be listed on the report and/ or CDC website.
2	Verify sample IDs on the "List of Samples" sheet match the sample IDs received in shipment.
3	Ensure CDC AMP samples are completely thawed and homogenized. Do not vortex or shake vigorously. CDC AMP samples should be placed in random intervals with study samples or patient samples.
4	Follow laboratory standard operating procedures for sample measurements. The same quality control/assurance procedures used for patient or study samples should be applied to CDC AMP samples.
5	**Analyze one CDC AMP sample (in duplicate) in one run each week, for 12 consecutive weeks** along with patient or study samples. Refer to the list of samples provided by CDC to determine the appropriate sample for that week.
6	After sample analysis, fill out applicable fields on the "Data" sheet.
7	Send a copy of the completed spreadsheet via e-mail to standardization@cdc.gov for evaluation.

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List of Samples These samples are part of the CDC Accuracy-based Monitoring Programs

CDC AMP Total Testosterone in Males and Females (TTMF)

Shipment Date:	MM/DD/YYYY	Lab ID:	ATTXXX	Quarter:	Q#
Pool Series:	PS###	Year:	YYYY	Box #:	#

TT_PS###_YYYY_#	Lab ID	ATTXXX
Box Location	**Sample Order**	**Vial ID**
A1	1	
A2	2	
A3	3	
A4	4	
A5	5	
A6	6	
A7	7	
A8	8	
A9	9	
B1	10	
B2	11	
B3	12	

Box Layout for Total Testosterone in Males and Females (TTMF)									
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
A	0	0	0	0	0	0	0	0	0
B	0	0	0						
C									
D									
E									
F									
G									
H									
I									

Specimen Handling Information

Consider all serum specimens potentially positive for infectious agents including HIV and the hepatitis B virus. We recommend the hepatitis B vaccination series for all analysts working with whole blood and/or plasma. Observe universal precautions; wear protective gloves, laboratory coats, and safety glasses during all steps of this method. Discard any residual sample material by autoclaving after analysis is completed. Place disposable plastic, glass, and paper (pipette tips, auto sampler vials, gloves, etc.) that contact serum in a biohazard autoclave bag and keep these bags in appropriate containers until sealed and autoclaved. Wipe down all work surfaces with 10% bleach solution when work is finished.

Version 1.0.0

Assay Characteristics Form for Total Testosterone in Males and Females (TTMF)
Fill all applicable white fields in sections 1 - 6

Analyte:	Total Testosterone in Males and Females
Matrix:	Serum

1. Participant Information

Primary Contact (First and Last):	
Company/Institution:	
Location (City, State, Country):	
Telephone Number:	
Email:	
CDC Lab ID (provided by CDC):	ATTXXX

2. Pool Series Information

Pool Series (PS):	PS###
Year and Quarter:	YYYY Q#

3. Notes/Comments

4. Instrument/Assay Description

	Description
Laboratory's Assay Identifier (CLIA code etc.)	
Choose Methodology Cat(	Mass Spectrometry (MS) Immunoassay (IA) Other
if other:	
	Please Choose a Methodology Category
	Please Choose a Methodology Category
	Please Choose a Methodology Category
Other Instrument Details (if applicable):	
Volume of Serum Used Per Analysis (uL):	
Analysis Time Per Sample (min):	
Units used to report results:	ng/dL
Limit of Detection (ng/dL):	
Reportable Range Min (ng/dL):	
Reportable Range Max (ng/dL):	
Single or Multi-Analyte Method:	Please use drop down
if Multi-Analyte Method, list other analytes included:	

5. Calibrators (one level per row)

Manufacturer: Please use drop down

if other:

Level	Name	Concentration (ng/dL)	Comment
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

6. Reagents

Manufacturer	Name	Comment
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		
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Please use drop down		
Please use drop down		
Please use drop down		
Please use drop down		
If Manufacturer Not Listed, Please Specify Below		

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

Lab ID: ATTXXX

1. Sample Results (in ng/dL and 3 significant digits)

Sample Order	Week	Vial ID	Date of Analysis			Results (ng/dL) with 3 significant digits				Calibrator Lot Number	Reagent Lot Number
			mm	dd	yyyy	Run 1	NR	Run 2	NR		
1	Week 1	0									
2	Week 2	0									
3	Week 3	0									
4	Week 4	0									
5	Week 5	0									
6	Week 6	0									
7	Week 7	0									
8	Week 8	0									
9	Week 9	0									
10	Week 10	0									
11	Week 11	0									
12	Week 12	0									

2. Comments

Not Reported (NR) Legend

Code	Description
	Result Reported
QNS	Quantity Not Sufficient
<LOD	Below Limit of Detection
LabErr	Lab Error (e.g. spilled sample, etc.)
LstSmpl	Lost Sample
Other	*Use comment section to explain

Form Approved
OMB No. 0920-1389
Exp. Date 03/31/2026

Data Submission Form for CDC Accuracy-based Monitoring Programs (CDC AMP): Total 25-hydroxyvitamin D (VD)

General Information

This form is used to report results for CDC Monitoring Programs
Ensure all submitted values are in the units of nmol/L
Do not modify the title or contents of this form
If applicable, click "enable content" before filling out the form

Instructions

1	Where applicable, fill out the information on the "Assay Characteristics" sheet as it is to be listed on the report and/ or CDC website.
2	Verify sample IDs on the "List of Samples" sheet match the sample IDs received in shipment.
3	Ensure CDC AMP samples are completely thawed and homogenized. Do not vortex or shake vigorously. CDC AMP samples should be placed in random intervals with study samples or patient samples.
4	Follow laboratory standard operating procedures for sample measurements. The same quality control/assurance procedures used for patient or study samples should be applied to CDC AMP samples.
5	**Analyze one CDC AMP sample (in duplicate) in one run each week, for 12 consecutive weeks** along with patient or study samples. Refer to the list of samples provided by CDC to determine the appropriate sample for that week.

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List of Samples These samples are part of the CDC Accuracy-based Monitoring Programs

CDC AMP Total 25-hydroxyvitamin D (VD)

Shipment Date:	MM/DD/YYYY	Lab ID:	AVDXXX	Quarter:	Q#
Pool Series:	PS###	Year:	YYYY	Box #:	#

VD_PS###_YYYY_#	Lab ID	AVDXXX
Box Location	**Sample Order**	**Vial ID**
A1	1	
A2	2	
A3	3	
A4	4	
A5	5	
A6	6	
A7	7	
A8	8	
A9	9	
B1	10	
B2	11	
B3	12	

Box Layout for Total 25-hydroxyvitamin D (VD)

	1	2	3	4	5	6	7	8	9
A	0	0	0	0	0	0	0	0	0
B	0	0	0						
C									
D									
E									
F									
G									
H									
I									

Specimen Handling Information

Consider all serum specimens potentially positive for infectious agents including HIV and the hepatitis B virus. We recommend the hepatitis B vaccination series for all analysts working with whole blood and/or plasma. Observe universal precautions; wear protective gloves, laboratory coats, and safety glasses during all steps of this method. Discard any residual sample material by autoclaving after analysis is completed. Place disposable plastic, glass, and paper (pipette tips, auto sampler vials, gloves, etc.) that contact serum in a biohazard autoclave bag and keep these bags in appropriate containers until sealed and autoclaved. Wipe down all work surfaces with 10% bleach solution when work is finished.

Version 1.0.0

Assay Characteristics Form for Total 25-hydroxyvitamin D (VD)
Fill all applicable white fields in sections 1 - 6

Analyte:	Total 25-Hydroxyvitamin D
Matrix:	Serum

1. Participant Information

Primary Contact (First and Last):	
Company/Institution:	
Location (City, State, Country):	
Telephone Number:	
Email:	
CDC Lab ID (provided by CDC):	AVDXXX

2. Pool Series Information

Pool Series (PS):	PS###
Year and Quarter:	YYYY Q#

3. Notes/Comments

4. Instrument/Assay Description

	Description
Laboratory's Assay Identifier (CLIA code etc.)	
Choose Methodology Cat	Mass Spectrometry (MS) / Immunoassay (IA) / Other
if other:	
	Please Choose a Methodology Category
	Please Choose a Methodology Category
	Please Choose a Methodology Category
Other Instrument Details (if applicable):	
Volume of Serum Used Per Analysis (uL):	
Analysis Time Per Sample (min):	
Units used to report results:	nmol/L
Limit of Detection (nmol/L):	
Reportable Range Min (nmol/L):	
Reportable Range Max (nmol/L):	
Single or Multi-Analyte Method:	Please use drop down
if Multi-Analyte Method, list other analytes included:	

5. Calibrators (one level per row)

Manufacturer: Please use drop down

if other:

Level	Name	Concentration (nmol/L)	Comment
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

6. Reagents

Manufacturer	Name	Comment
Please use drop down		
Please use drop down		
Please use drop down		
Please use drop down		
Please use drop down		
Please use drop down		
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Please use drop down		
Please use drop down		
Please use drop down		
Please use drop down		
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 Results (in nmol/L and 3 significant digits)

Sample Order	Week	Vial ID	Date of Analysis			Results (nmol/L) with 3 significant digits				Calibrator Lot Number	Reagent Lot Number
			mm	dd	yyyy	Run 1	NR	Run 2	NR		
1	Week 1	0									
2	Week 2	0									
3	Week 3	0									
4	Week 4	0									
5	Week 5	0									
6	Week 6	0									
7	Week 7	0									
8	Week 8	0									
9	Week 9	0									
10	Week 10	0									
11	Week 11	0									
12	Week 12	0									

2. Comments

Not Reported (NR) Legend

Code	Description
	Result Reported
QNS	Quantity Not Sufficient
<LOD	Below Limit of Detection
LabErr	Lab Error (e.g. spilled sample, etc.)
LstSmpl	Lost Sample
Other	*Use comment section to explain