



CDC CSP Request/Enrollment Form

Available programs and analytes:
Hormone Standardization (HoSt) Program –Total Testosterone (TT), Estradiol (E2), Free Thyroxine (F4), Lp(a), Lipoproteins,
Vitamin D Standardization- Certification Program (VDSCP) – Vitamin D (VD), PTH

Enrolling Program (Phase 1, Phase 2, 120 kit, accuracy samples etc.):	Enrolling Analyte(s):
Assay type (MS, IA etc.):	Assay name/manufacturer etc.:
Reportable range (TT-ng/dL, E2-pg/mL, FT4-pmol/L, VD-nmol/L):	Volume of sample required per run, mL:

Additional Comments:

LABORATORY AND DIRECTOR: *Disclaimer-Information provided here will be shared with 3rd party shipping company

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 (Required):		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:	
Email (Required if applicable):		City:	
Phone:		State:	
Zip Code:		Country:	

SHIPPING INFORMATION *Please contact CDC CSP if FedEx account is not available

FedEx Account No. (Required):	EIN/VAT (Required):
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SIGNATURE

Director's Signature:	Date:
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SUBMIT ELECTRONIC COPIES TO

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

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

CDC estimates the average public reporting burden for this collection of information as 90 minutes (30 minutes for enrollment and 60 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).

Data Submission Form for CDC Hormone Standardization Project (CDC HoSt): Total Testosterone (TT)

General Information

This form is for use to report results for CDC Clinical Standardization Programs and Studies

Ensure all submitted values are in the units of ng/dL

Do not modify the title or contents of this form

Instructions:

- 1 Where applicable, fill out the information on the "Assay Characteristics" sheet as you would like it to read on the report or website
- 2 Verify that the vial IDs match your samples
- 3 Fill in the values for your analysis on the provided data sheets
- 4 Send a copy of the completed spreadsheet via E-mail to standardization@cdc.gov for evaluation

Extra Volume Special Instructions:

PACKING ! These samples are part of the CDC Standardization Certification Program

Shipment Date:
 Phase/Quarter:

Lab ID:
 Cycle/Year:

CDC HoSt- Total Testosterone (TT)
 Box #:

Box Position	Sample Number	Sample ID
A1	EMPTY	
A2	EMPTY	
A3	EMPTY	
A4	EMPTY	
A5	EMPTY	
B1	EMPTY	
B2	EMPTY	
B3	EMPTY	
B4	EMPTY	
B5	EMPTY	
C1	EMPTY	
C2	EMPTY	
C3	EMPTY	
C4	EMPTY	
C5	EMPTY	
D1	EMPTY	
D2	EMPTY	
D3	EMPTY	
D4	EMPTY	
D5	EMPTY	
E1	EMPTY	
E2	EMPTY	
E3	EMPTY	
E4	EMPTY	
E5	EMPTY	

Box Layout for Total Testosterone (TT)					
	1	2	3	4	5
A	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY
B	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY
C	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY
D	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY
E	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY

Composition

These materials contain human serum only. No animal products or other human or animal tissues were used to manufacture this product. All serum used for the production of these materials have been tested for and determined to be free of HIV 1 & 2 and for Hepatitis B & C.

These materials are to be used for research testing only (FOR IN-VITRO RESEARCH USE ONLY).

These materials are not for therapeutic or any other in vivo medical use.

The samples are 100% HUMAN ORIGIN. There are no animal components in this product.

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.

DAY 1

Fill all applicable white fields in sections 1 - 3

Date of Analysis:			
Lab ID:		0	

1. Sample Results (in ng/dL)

Sample #	Vial ID	Results (ng/dL)				*Comments/Error Message & Explanation
		Replicate 1	NR	Replicate 2	NR	
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					

2. Bench Quality Controls

Level	Lot Number	Results (ng/dL)				*Comments/Error Message & Explanation
		Replicate 1	NR	Replicate 2	NR	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

3. Comments

--

Not Reported (NR) Legend

Code	Description
	Result Reported

DAY 2

Fill all applicable white fields in sections 1 - 3

Date of Analysis:			
Lab ID:	0		

1. Sample Results (in ng/dL)

Sample #	Vial ID	Results (ng/dL)				*Comments/Error Message & Explanation
		Replicate 1	NR	Replicate 2	NR	
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					

2. Bench Quality Controls

Level	Lot Number	Results (ng/dL)				*Comments/Error Message & Explanation
		Replicate 1	NR	Replicate 2	NR	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

3. Comments

Not Reported (NR) Legend

Code	Description
	Result Reported

Data Submission Form for CDC Hormone Standardization Project (CDC HoSt): Total Estradiol (E2)

General Information

This form is for use to report results for CDC Clinical Standardization Programs and Studies

Ensure all submitted values are in the units of pg/mL

Do not modify the title or contents of this form

Instructions:

- 1 Where applicable, fill out the information on the "Assay Characteristics" sheet as you would like it to read on the report or website
- 2 Verify that the vial IDs match your samples
- 3 Fill in the values for your analysis on the provided data sheets
- 4 Send a copy of the completed spreadsheet via E-mail to standardization@cdc.gov for evaluation

Extra Volume Special Instructions:

PACKING ! These samples are part of the CDC Standardization Certification Program

Shipment Date:
 Phase/Quarter:

Lab ID:
 Cycle/Year:

CDC HoSt- Total Estradiol (E2)
 Box #:

Box Position	Sample Number	Sample ID
A1	EMPTY	
A2	EMPTY	
A3	EMPTY	
A4	EMPTY	
A5	EMPTY	
B1	EMPTY	
B2	EMPTY	
B3	EMPTY	
B4	EMPTY	
B5	EMPTY	
C1	EMPTY	
C2	EMPTY	
C3	EMPTY	
C4	EMPTY	
C5	EMPTY	
D1	EMPTY	
D2	EMPTY	
D3	EMPTY	
D4	EMPTY	
D5	EMPTY	
E1	EMPTY	
E2	EMPTY	
E3	EMPTY	
E4	EMPTY	
E5	EMPTY	

Box Layout for Total Estradiol (E2)					
	1	2	3	4	5
A	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY
B	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY
C	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY
D	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY
E	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY

Composition

These materials contain human serum only. No animal products or other human or animal tissues were used to manufacture this product. All serum used for the production of these materials have been tested for and determined to be free of HIV 1 & 2 and for Hepatitis B & C.

These materials are to be used for research testing only (FOR IN-VITRO RESEARCH USE ONLY).

These materials are not for therapeutic or any other in vivo medical use.

The samples are 100% HUMAN ORIGIN. There are no animal components in this product.

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.

DAY 1

Fill all applicable white fields in sections 1 - 3

Date of Analysis:			
Lab ID:	0		

1. Sample Results (in pg/mL)

Sample #	Vial ID	Results (pg/mL)				*Comments/Error Message & Explanation
		Replicate 1	NR	Replicate 2	NR	
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					

2. Bench Quality Controls

Level	Lot Number	Results (pg/mL)				*Comments/Error Message & Explanation
		Replicate 1	NR	Replicate 2	NR	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

3. Comments

Not Reported (NR) Legend

Code	Description
	Result Reported

DAY 2

Fill all applicable white fields in sections 1 - 3

Date of Analysis:			
Lab ID:	0		

1. Sample Results (in pg/mL)

Sample #	Vial ID	Results (pg/mL)				*Comments/Error Message & Explanation
		Replicate 1	NR	Replicate 2	NR	
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					
EMPTY	0					

2. Bench Quality Controls

Level	Lot Number	Results (pg/mL)				*Comments/Error Message & Explanation
		Replicate 1	NR	Replicate 2	NR	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

3. Comments

Not Reported (NR) Legend

Code	Description
	Result Reported

Lipoprotein Reference Materials

Data Submission Form for CDC Clinical Standardization Programs (CDC CSP): ----- Please Select -----

General Information

This form is for use to report results for CDC Clinical Standardization Programs and Studies

Ensure all submitted values are in the units of ----- Please Select -----

Do not modify the title or contents of this form

Instructions:

- 1 Fill out the information on the "Assay Characteristics"
- 2 Verify that the vial IDs match your samples
- 3 Fill in the values for your analysis on the data tabs
- 4 Send a copy of the completed spreadsheet via E-mail to cdclsp@cdc.gov

CDC estimates the average public reporting burden for this collection of information as 90 minutes (30 minutes for enrollment and 60 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).

PACKING SLIP These samples are Lipoprotein reference materials and part of the CDC Standardization Certification Program

Shipment Date:

Recipient:

Analyte:

Box ID#:

Box Position	Sample Number	Sample ID
A1	EMPTY	
A2	EMPTY	
A3	EMPTY	
A4	EMPTY	
A5	EMPTY	
A6	EMPTY	
A7	EMPTY	
B1	CDC01	
B2	CDC02	
B3	CDC03	
B4	CDC04	
B5	CDC05	
B6	EMPTY	
B7	EMPTY	
C1	CDC01	
C2	CDC02	
C3	CDC03	
C4	CDC04	
C5	CDC05	
C6	EMPTY	
C7	EMPTY	
D1-G7	EMPTY	

Box Layout for ----- Please Select -----							
	1	2	3	4	5	6	7
A	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY
B	CDC01	CDC02	CDC03	CDC04	CDC05	EMPTY	EMPTY
C	CDC01	CDC02	CDC03	CDC04	CDC05	EMPTY	EMPTY
D	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY
E	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY
F	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY
G	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY

Composition

These materials contain human serum only. No animal products or other human or animal tissues were used to manufacture this product. All serum used for the production of these materials have been tested for and determined to be free of HIV 1 & 2 and for Hepatitis B & C.

These materials are to be used for research testing only (FOR IN-VITRO RESEARCH USE ONLY).

These materials are not for therapeutic or any other in vivo medical use.

The samples are 100% HUMAN ORIGIN. There are no animal components in this product.

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.

DAY 1

Fill all applicable white fields in sections 1 - 3

Date of Analysis:	mm	dd	yyyy
Company/Institution:	0		

1. Sample Results (in ----- Please Select -----)

Sample #	Vial ID	Results (----- Please Select -----)				*Comments/Error Message & Explanation
		Replicate 1	NR	Replicate 2	NR	
CDC01	0					
CDC02	0					
CDC03	0					
CDC04	0					
CDC05	0					

2. Bench Quality Controls

Level	Lot Number	Results (----- Please Select -----)				*Comments/Error Message & Explanation
		Replicate 1	NR	Replicate 2	NR	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

3. Comments (Please indicate how day 2 samples were stored)

Not Reported (NR) Legend

Code	Description
	Result Reported

DAY 1

Fill all applicable white fields in sections 1 - 3

Date of Analysis:	mm	dd	yyyy
Company/Institution:	0		

1. Sample Results (in ----- Please Select -----)

Sample #	Vial ID	Results (----- Please Select -----)				*Comments/Error Message & Explanation
		Replicate 1	NR	Replicate 2	NR	
CDC01	0					
CDC02	0					
CDC03	0					
CDC04	0					
CDC05	0					

2. Bench Quality Controls

Level	Lot Number	Results (----- Please Select -----)				*Comments/Error Message & Explanation
		Replicate 1	NR	Replicate 2	NR	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

3. Comments (Please indicate how day 2 samples were stored)

Not Reported (NR) Legend

Code	Description
	Result Reported

Data Submission Form for CDC CSP Interlab Study: Free Thyroxine (FT4)

General Information

This form is for use to report results for CDC Clinical Standardization Programs and Studies

Ensure all submitted values are in the units of ---- Please Select ----

Do not modify the contents of this form

Instructions:

- 1 Where applicable, fill out the information on the "Assay Characteristics"
- 2 Verify that the vial IDs match
- 3 Fill in the values for your analysis on the provided data sheets-Day 1, Day 2. Enter sample ID from extra kit in comment section of Day 1 and Day 2 if applicable
- 4 Send a copy of the completed spreadsheet via E-mail to standardization@cdc.gov

PACKING SLIP These samples are part of the CDC Standardization Certification Program

Shipment Date: **1/10/2022**
 Type: **Phase 1**

Lab ID/Name: **Li** **CDC CSP FT4/TSH Standardization**
 Year: **2022** Box #: **13**

Box Position	Sample Number	Sample ID
A1	1	1966VV20S
A2	2	1199US18S
A3	3	1924CE20S
A4	4	1878PO18S
A5	5	1271QR17S
A6	6	1742HY20S
A7	7	1328XW18S
A8	8	1278GE18S
A9	9	1678MV21S
B1	10	1657981075A
B2	11	1620SP19S
B3	12	1943QC18S
B4	13	1220HV18S
B5	14	1487XP18S
B6	15	1761AT21S
B7	16	1010QH18S
B8	17	1916S218S
B9	18	1662RA18S
C1	19	1652908705A
C2	20	1156OW18S
C3	21	1612243875A
C4	22	1655780955A
C5	23	1020PI20S
C6	24	1663371795A
C7	25	1234BH17S
C8	26	1820YS19S
C9	27	1606TK18S
D1	28	1266RR18S
D2	29	1636IE18S
D3	30	1209ZQ18S
D4	31	1447BG18S
D5	32	1591YL18S
D6	33	1645773195A
D7	34	1616549195A
D8	35	1931ZG19S
D9	36	1111DC18S
E1	37	1120HP18S
E2	38	1115XS18S
E3	39	1631470555A
E4	40	1530KR21S
E5	Empty	
E6	1	1370EU20S
E7	2	1996MX18S
E8	3	1534OR20S
E9	4	1131DE18S
F1	5	1009GQ17S
F2	6	1097CP20S
F3	7	1254CZ18S
F4	8	1599SQ18S
F5	9	1981CR21S
F6	10	1658771185A
F7	11	1253SG19S
F8	12	1587EZ18S
F9	13	1006LB18S
G1	14	1013RN18S
G2	15	1156EM21S
G3	16	1988GE18S
G4	17	1090IC18S
G5	18	1219BS18S
G6	19	1652910305A
G7	20	1680UG18S
G8	21	1612293985A
G9	22	1655783955A
H1	23	1656FB20S
H2	24	1663571795A
H3	25	1772RA17S
H4	26	1548RW19S
H5	27	1738BD18S
H6	28	1268AN18S
H7	29	1011QQ18S
H8	30	1996XQ18S
H9	31	1110KH18S
I1	32	1299RX18S
I2	33	1640573195A
I3	34	1614628975A
I4	35	1221SJ19S
I5	36	1244MN18S
I6	37	1941BR18S
I7	38	1918CT18S
I8	39	1630774445A
I9	40	1923EA21S

Box Layout for FT4/TSH Standardization									
	1	2	3	4	5	6	7	8	9
A	PS01	PS02	PS03	PS04	PS05	PS06	PS07	PS08	PS09
B	PS10	PS11	PS12	PS13	PS14	PS15	PS16	PS17	PS18
C	PS19	PS20	PS21	PS22	PS23	PS24	PS25	PS26	PS27
D	PS28	PS29	PS30	PS31	PS32	PS33	PS34	PS35	PS36
E	PS37	PS38	PS39	PS40	EMPTY	PS01	PS02	PS03	PS04
F	PS05	PS06	PS07	PS08	PS09	PS10	PS11	PS12	PS13
G	PS14	PS15	PS16	PS17	PS18	PS19	PS20	PS21	PS22
H	PS23	PS24	PS25	PS26	PS27	PS28	PS29	PS30	PS31
I	PS32	PS33	PS34	PS35	PS36	PS37	PS38	PS39	PS40

Composition

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PACKING SLIP These samples are part of the CDC Standardization Certification Program

Shipment Date: **1/10/2022**
 Type: **Interlab**

Lab ID/Name: **Li**
 Year: **2022**

CDC CSP FT4 Standardization
 Box #: **FT4 Additional Samples**

Box Position	Sample	Sample ID
A1	CDC 1	Not Included
B1	CDC 2	Not Included
C1	CDC 3	Not Included
D1	CDC 4	Not Included
A7	CDC 1	Not Included
B7	CDC 2	Not Included
C7	CDC 3	Not Included

Box Layout for FT4 Standardization							
	1	2	3	4	5	6	7
A	CDC 1	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY	CDC 1
B	CDC 2	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY	CDC 2
C	CDC 3	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY	CDC 3
D	CDC 4	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY
E	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY
F	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY
G	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY	EMPTY

Composition

These materials contain human serum only. No animal products or other human or animal tissues were used to manufacture this product. All serum used for the production of these materials have been tested for and determined to be free of HIV 1 & 2 and for Hepatitis B & C.

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DAY 1

Fill all applicable white fields in sections 1 - 3

Date of Analysis:	mm	dd	yyyy
Lab ID:	Li		

1. Sample Results (in ----- Please Select -----)

Sample	Vial ID	Results (----- Please Select -----)				*Comments/Error Message & Explanation
		Replicate 1	NR	Replicate 2	NR	
1	1966VY20S					
2	1199US18S					
3	1924CE20S					
4	1878PO18S					
5	1271QR17S					
6	1742HY20S					
7	1328XW18S					
8	1278GE18S					
9	1678MV21S					
10	165798107SA					
11	1620SP19S					
12	1943QC18S					
13	1220HV18S					
14	1487XP18S					
15	1761AT21S					
16	1010QH18S					
17	1916SZ18S					
18	1662RA18S					
19	165290870SA					
20	1156OW18S					
21	161224387SA					
22	165578095SA					
23	1020PI20S					
24	166337179SA					
25	1234BH17S					
26	1820YS19S					
27	1606TK18S					
28	1266RR18S					
29	1636IE18S					
30	1209ZQ18S					
31	1447BG18S					
32	1591VL18S					
33	164577319SA					
34	161654919SA					
35	1931ZG19S					
36	1111DC18S					
37	1120HP18S					
38	1115XS18S					
39	163147055SA					
40	1530KR21S					
CDC 1	Not included					
CDC 2	Not included					
CDC 3	Not included					
CDC 4	Not included					

2. Bench Quality Controls

Level	Lot Number	Results (----- Please Select -----)				*Comments/Error Message & Explanation
		Replicate 1	NR	Replicate 2	NR	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

3. Comments

Not Reported (NR) Legend

Code	Description
	Result Reported

DAY 2

Fill all applicable white fields in sections 1 - 3

Date of Analysis:	mm	dd	yyyy
Lab ID:	Li		

1. Sample Results (in ----- Please Select -----)

Sample	Vial ID	Results (----- Please Select -----)				*Comments/Error Message & Explanation
		Replicate 1	NR	Replicate 2	NR	
1	1370EU20S					
2	1996MX18S					
3	1534OR20S					
4	1131DE18S					
5	1009GQ17S					
6	1097CP20S					
7	1254CZ18S					
8	1599SQ18S					
9	1981CR21S					
10	165877118SA					
11	1253SG19S					
12	1587EZ18S					
13	1006LB18S					
14	1013RN18S					
15	1156EM21S					
16	1988GE18S					
17	1090IC18S					
18	1219BS18S					
19	165291030SA					
20	1680UG18S					
21	161229398SA					
22	165578395SA					
23	1656FB20S					
24	166357179SA					
25	1772RA17S					
26	1548RW19S					
27	1738BD18S					
28	1268AN18S					
29	1011QQ18S					
30	1996XQ18S					
31	1110KH18S					
32	1299RX18S					
33	164057319SA					
34	161462897SA					
35	1221SJ19S					
36	1244MN18S					
37	1941BR18S					
38	1918CT18S					
39	163077444SA					
40	1923EA21S					
CDC 1	Not Included					
CDC 2	Not Included					
CDC 3	Not Included					

2. Bench Quality Controls

Level	Lot Number	Results (----- Please Select -----)				*Comments/Error Message & Explanation
		Replicate 1	NR	Replicate 2	NR	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

3. Comments

Not Reported (NR) Legend

Code	Description
	Result Reported