



CDC CSP Request/Enrollment Form

Available programs and analytes: Hormone Standardization (HoSt) Program –Total Testosterone (TT), Estradiol (E2), Free Thyroxine (F4), 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

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**Data Submission Form for CDC Vitamin D Standardization-Certification Program (CDC VDSCP):
Total 25-hydroxyvitamin D (VD)**

General Information

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

Reporting of Total 25OHD is required. Please report additional analyte concentrations if available

Ensure all submitted values are in the units of nmol/L

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

Analyte Key

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 ! These samples are part of the CDC Standardization Certification Program

Shipment Date:
 Phase/Quarter:

Lab ID:
 Cycle/Year:

CDC VDSCP- Total 25-hydroxyvitamin D
 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 25-hydroxyvitamin D (VD)					
	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 nmol/L)

Sample #	Vial ID	Replicate 1 Results (nmol/L)					Replicate 2 Results (nmol/L)		
		25OHD2	25OHD3	epi-25OHD3	Total 25OHD	NR	25OHD2	25OHD3	epi-25OHD3
EMPTY	0								
EMPTY	0								
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	Replicate 1 Results (nmol/L)					Replicate 2 Results (nmol/L)		
		25OHD2	25OHD3	epi-25OHD3	Total 25OHD	NR	25OHD2	25OHD3	epi-25OHD3
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

3. Comments

[Grey header box]

[Blue header box]

[Grey header box]

/L)		*Comments/Error Message & Explanation
Total 25OHD	NR	

[Blue header box]

[Grey header box]

/L)		*Comments/Error Message & Explanation
Total 25OHD	NR	

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 nmol/L)

Sample #	Vial ID	Replicate 1 Results (nmol/L)					Replicate 2 Results (nmol/L)		
		25OHD2	25OHD3	epi-25OHD3	Total 25OHD	NR	25OHD2	25OHD3	epi-25OHD3
EMPTY	0								
EMPTY	0								
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	Replicate 1 Results (nmol/L)					Replicate 2 Results (nmol/L)		
		25OHD2	25OHD3	epi-25OHD3	Total 25OHD	NR	25OHD2	25OHD3	epi-25OHD3
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

3. Comments

[Grey header box]

[Blue header box]

/L)		*Comments/Error Message & Explanation
Total 25OHD	NR	

/L)		*Comments/Error Message & Explanation
Total 25OHD	NR	

Not Reported (NR) Legend	
Code	Description
	Result Reported