

Cholesterol Reference Method Laboratory Network

Total Cholesterol Information Form

The following information form should be completed carefully and accurately. This information will be used to prepare your Certificate of Traceability.

- Please photocopy this blank form and retain it for future submissions.
- Please prepare a copy of your data and retain it for laboratory records.

For registered products, please indicate preferred designation: Registered Trademark ® or Trademark ™.

Laboratory Name

Laboratory Address

Contact Name

Phone

Email Address

Fax

Send Bill To

(If different from above.)

PO Number

Date Specimens Sent

Date Specimens Received

Analyte		Method	
Instrument		Calibrator	
Manufacturer		Manufacturer	
Trade Name		Trade Name	
Model Number		Lot Number(s)	
Reagent		Calibrator Set Point(s)	
Manufacturer		Matrix/Sample Type	
Trade Name		Anticoagulant (if applicable)	
Lot Number(s)		Concentration	

Comparison Date

CRMLN Laboratory: Complete this section and send the form to Mahnaz Dasti at CDC.
 Fax: (770) 488-4192, Email: mdasti@cdc.gov

CRMLN Laboratory Name

Date of Data Analysis

Date Report Received

Date Certificate Sent

Director's Signature

Check One: Passed Failed

Cholesterol Reference Method Laboratory Network

Total Cholesterol Fresh Sample Comparison Results Form

Please photocopy this blank form and retain it for future comparisons.

Run #1	Date	
ID Number	Result #1	Result #2
Run #3	Date	
ID Number	Result #1	Result #2
Run #5	Date	
ID Number	Result #1	Result #2
Run #7	Date	
ID Number	Result #1	Result #2
Run #9	Date	
ID Number	Result #1	Result #2

Run #2	Date	
ID Number	Result #1	Result #2
Run #4	Date	
ID Number	Result #1	Result #2
Run #6	Date	
ID Number	Result #1	Result #2
Run #8	Date	
ID Number	Result #1	Result #2
Run #10	Date	
ID Number	Result #1	Result #2

Cholesterol Reference Method Laboratory Network

Total Cholesterol Fresh Sample Comparison Results Form

Please photocopy this blank form and retain it for future comparisons.

Run #11	Date	
ID Number	Result #1	Result #2
Run #13	Date	
ID Number	Result #1	Result #2
Run #15	Date	
ID Number	Result #1	Result #2
Run #17	Date	
ID Number	Result #1	Result #2
Run #19	Date	
ID Number	Result #1	Result #2

Run #12	Date	
ID Number	Result #1	Result #2
Run #14	Date	
ID Number	Result #1	Result #2
Run #16	Date	
ID Number	Result #1	Result #2
Run #18	Date	
ID Number	Result #1	Result #2
Run #20	Date	
ID Number	Result #1	Result #2

Questions about this protocol should be directed to the CRMLN Laboratory.

Cholesterol Reference Method Laboratory Network

Total Cholesterol Specimen Distribution Form

The following chart is supplied to assist you (or the off-site laboratory that supplies you with serums) in selecting specimens that will adequately cover the concentration ranges recommended by the EP9-T protocol. *[This form is provided as an aid; it is not necessary to return it to the CRMLN laboratory.]*

Please photocopy this blank form and retain it for future comparisons.

Total Cholesterol Specimen Distribution

Concentration (mg/dL)	120-180	181-220	221-260	261-400
Number Needed	(8)	(12)	(12)	(8)
1.	1.	1.	1.	1.
2.	2.	2.	2.	2.
3.	3.	3.	3.	3.
4.	4.	4.	4.	4.
5.	5.	5.	5.	5.
6.	6.	6.	6.	6.
7.	7.	7.	7.	7.
8.	8.	8.	8.	8.
		9.	9.	
		10.	10.	
		11.	11.	
		12.	12.	

Cholesterol Reference Method Laboratory Network

Quality Control Results Form for Total Cholesterol

Report single analyses of any quality control material with a total cholesterol concentration of 200 – 240 mg/dL (recommended). Data must be obtained with the analytical system under evaluation and must include the runs used in the split sample comparison.

Please photocopy this blank form and retain it for future comparisons.

Run Number	Date	Result
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Cholesterol Reference Method Laboratory Network

Protocol Checklist for Total Cholesterol

Yes	No	
<input type="radio"/>	<input type="radio"/>	Have you collected a minimum of 40 samples?
<input type="radio"/>	<input type="radio"/>	Were the sample concentrations distributed according to the guidelines found in the protocol?
<input type="radio"/>	<input type="radio"/>	Were all of the fresh samples analyzed in duplicate?
<input type="radio"/>	<input type="radio"/>	Was one fresh sample analyzed in each of 20 analytical runs?
<input type="radio"/>	<input type="radio"/>	Were all runs separated by at least two hours?
<input type="radio"/>	<input type="radio"/>	Were the same instrument, reagent lot, and calibrator lot used in ALL analytical runs of the fresh samples?
<input type="radio"/>	<input type="radio"/>	Have you submitted data for 20 analytical runs of a quality control material?
<input type="radio"/>	<input type="radio"/>	Do the 20 analytical runs of the quality control material include the analytical runs of the fresh samples?
<input type="radio"/>	<input type="radio"/>	Have you completed the Information Form provided in the protocol?
<input type="radio"/>	<input type="radio"/>	Have you completed the Fresh Sample Comparison Results Form provided in the protocol?
<input type="radio"/>	<input type="radio"/>	Have you completed the Quality Control Results Form provided in the protocol?
<input type="radio"/>	<input type="radio"/>	Does your CV for the QC data meet the NCEP goal of $\leq 3\%$?
<input type="radio"/>	<input type="radio"/>	Have you provided sufficient volume of serum for the CRMLN laboratory, as described in the protocol?
<input type="radio"/>	<input type="radio"/>	Have you notified the CRMLN laboratory of your plans to ship samples?

Have you checked "Yes" for each item? If not, please make sure that you have met all of these requirements before sending samples and data to the CRMLN laboratory. We are not able to analyze samples or data that do not meet these requirements.