

Cholesterol Reference Method Laboratory Network

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 ____ / ____ / ____

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	

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: ____ / ____ / ____ Check One: Passed Failed

Director's Signature: _____