NEWBORN SCREENING PROFICIENCY TESTING PROGRAM
DATA-REPORT FORM

Pilot Proficiency Testing Materials Set: Quarter 3 Distribution Date: 2012

LABORATORY CODE NUMBER: 12-3

Analyte: ANTI-*TOXOPLASMA* IgM 94

Method code number:___ ___ if other indicated, please specify

SCREENING RESULTS

LABORATORY RESULTS	Units (please check): ☐ UA/mL serum ☐ Absorbance (OD) ☐ EIU/mL serum	
Specimen Number **312T1**	Place decimal point in appropriate position Results ___ ___ ___ ___	Toxoplasmosis Antibody Interpretation _____
Specimen Number **312T2**	Place decimal point in appropriate position Results ___ ___ ___ ___	Toxoplasmosis Antibody Interpretation _____
Specimen Number **312T3**	Place decimal point in appropriate position Results ___ ___ ___ ___	Toxoplasmosis Antibody Interpretation _____
Specimen Number **312T4**	Place decimal point in appropriate position Results ___ ___ ___ ___	Toxoplasmosis Antibody Interpretation _____
Specimen Number **312T5**	Place decimal point in appropriate position Results ___ ___ ___ ___	Toxoplasmosis Antibody Interpretation _____

Cutoff (Your decision level for sorting test results that are reported as reactive from results reported as non-reactive): _____

Laboratory _____ Contact Person _____

Phone Number _____ Fax Number _____

E-mail _____

FAX data to (770) 488-4255. For verification of receipt, please call Connie Singleton NSQAP Assistant, at (770) 488-4582 or by e-mail at csingleton1@cdc.gov

NEWBORN SCREENING PROFICIENCY TESTING PROGRAM
DATA-REPORT FORM

Pilot Proficiency Testing Materials Set: Quarter 3 Distribution Date: 2012

LABORATORY CODE NUMBER: 12-3 (1-3)

Analyte: ANTI-*TOXOPLASMA* ☐ IgM or ☐ IgG (Please check one) 94

Method code number:___ ___ if other indicated, please specify _____

CONFIRMATORY RESULTS

LABORATORY RESULTS	Units (please check): ☐ UA/mL serum ☐ Absorbance (OD) ☐ EIU/mL serum	
Specimen Number **312T1**	Place decimal point in appropriate position Results ___ ___ ___ ___	Toxoplasmosis Antibody Interpretation _____
Specimen Number **312T2**	Place decimal point in appropriate position Results ___ ___ ___ ___	Toxoplasmosis Antibody Interpretation _____
Specimen Number **312T3**	Place decimal point in appropriate position Results ___ ___ ___ ___	Toxoplasmosis Antibody Interpretation _____
Specimen Number **312T4**	Place decimal point in appropriate position Results ___ ___ ___ ___	Toxoplasmosis Antibody Interpretation _____
Specimen Number **312T5**	Place decimal point in appropriate position Results ___ ___ ___ ___	Toxoplasmosis Antibody Interpretation _____

Cutoff (Your decision level for sorting test results that are reported as reactive from results reported as non-reactive): _____

Laboratory _____ Contact Person _____

Phone Number _____ Fax Number _____

E-mail _____

FAX data to (770) 488-4255. For verification of receipt, please call Connie Singleton NSQAP Assistant, at (770) 488-4582 or by e-mail at csingleton1@cdc.gov