

CHOLESTEROL REFERENCE METHOD LABORATORY NETWORK INFORMATION FORM FOR LDL-CHOLESTEROL

*Please photocopy form and retain for future submissions.
The following information form should be completed carefully and accurately. This information
will be used to prepare your Certificate of Traceability.
Prepare copy of data and retain for laboratory records.*

Laboratory Name & Address: _____

Contact Person: _____ **Phone:** _____
FAX: _____

Send Bill To: この欄に記入する必要はありません **PO#** _____

Address(if different from above): _____

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: _____	
Lot Number(s): _____	

FINAL CHECKLIST (USING DAY 1 RESULTS)

1. Is there at least 80 mg/dL difference between your highest and lowest sample?	_____ Yes	_____ No
2. Are there 2 samples: -less than 119 mg/dL?	_____ Yes	_____ No
3. Are there 2 samples: -between 120 and 139 mg/dL?	_____ Yes	_____ No
4. Are there 2 samples: -greater than 140 mg/dL?	_____ Yes	_____ No

CHOLESTEROL REFERENCE METHOD LABORATORY NETWORK RESULTS FORM FOR LDL-CHOLESTEROL:

Enter all analytical results in mg/dL or mmole/L

Laboratory Name _____

Date: _____

Run 1

Specimen ID	Osaka RV	quadruplicate #1	quadruplicate #2	quadruplicate #3	quadruplicate #4
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____

大阪府立健康科学センターの脂質基準分析室まで、Fax(06-6973-3574)でご報告下さい。

CHOLESTEROL REFERENCE METHOD LABORATORY NETWORK INFORMATION FORM FOR LDL-CHOLESTEROL

記入例

*Please photocopy form and retain for future submissions.
The following information form should be completed carefully and accurately. This information
will be used to prepare your Certificate of Treceability.
Prepare copy of data and retain for laboratory records.*

Laboratory Name & Address: Osaka Medical Center for Health Science and Promotio
1-3-2, Nakamichi, Higashinari-ku, Osaka, Japan 537-0025

Contact Person: Sumie Kurumae **Phone:** 06-6973-6050
FAX: 06-6973-3574

Send Bill To: この欄に記入する必要はありません **PO#** _____

Address(if different from above): _____

Date Specimens Sent: 2011.01.12 **Date Specimens Received:** 2011.01.13

Instrument: **Manufacturer:** Hitachi Medical Corporation **Calibrator:** **Manufacturer:** Kyowa Medex Co., Ltd.
Trade Name: Automatic Analyzer **Trade Name:** Determiner HDL/LDL-C Reference Serum

Model Number: Hitachi 7170 **Lot Number(s):** 109AJH

Reagent: **Manufacturer:** Kyowa Medex Co., Ltd. **Calibrator Set Point(s):** 112.0 mg/dL
Trade Name: Determiner L LDL-C **Matrix/Sample Type:** Venous Serum

Lot Number(s): R1:108AJF R2:110AJH

FINAL CHECKLIST (USING DAY 1 RESULTS)

1. Is there at least 80 mg/dL difference between your highest and lowest sample? X Yes No
2. Are there 2 samples: -less than 119 mg/dL? X Yes No
3. Are there 2 samples: -between 120 and 139 mg/dL? X Yes No
4. Are there 2 samples: -greater than 140 mg/dL? X Yes No

CHOLESTEROL REFERENCE METHOD LABORATORY NETWORK RESULTS FORM FOR LDL-CHOLESTEROL:

記入例

Enter all analytical results in mg/dL or mmole/L

Laboratory Name Osaka Medical Center for Health Science and Promotion

1-3-2, Nakamichi, Higashinari-ku, Osaka, Japan 537-0025

Date: 2011.01.14

Run 1

Specimen ID	Osaka RV	quarduplicate #1	quarduplicate #2	quarduplicate #3	quarduplicate #4
1. <u>1</u>	<u> </u>	<u>77</u>	<u>74</u>	<u>75</u>	<u>76</u>
2. <u>2</u>	<u> </u>	<u>90</u>	<u>89</u>	<u>89</u>	<u>92</u>
3. <u>3</u>	<u> </u>	<u>113</u>	<u>114</u>	<u>115</u>	<u>110</u>
4. <u>4</u>	<u> </u>	<u>124</u>	<u>125</u>	<u>126</u>	<u>124</u>
5. <u>5</u>	<u> </u>	<u>143</u>	<u>143</u>	<u>144</u>	<u>140</u>
6. <u>6</u>	<u> </u>	<u>192</u>	<u>190</u>	<u>184</u>	<u>183</u>

大阪府立健康科学センターの脂質基準分析室まで、Fax(06-6973-3574)でご報告下さい。