

CHOLESTEROL REFERENCE METHOD LABORATORY NETWORK INFORMATION FORM

*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: _____	Anticoagulant(if applicable): _____
Lot Number(s): _____	Concentration: _____

FINAL CHECKLIST (USING DAY 1 RESULTS)

1. Is there at least 100 mg/dL difference between your highest and lowest sample? _____ Yes _____ No

2. Are there 2 samples:

-less than 200 mg/dL?	_____ Yes	_____ No
-between 200 and 240 mg/dL?	_____ Yes	_____ No
-greater than 240 mg/dL?	_____ Yes	_____ No

3. In each of three groups above in #2, is there at least 20mg/dL difference between the 2 samples in that group? _____ Yes _____ No

CHOLESTEROL REFERENCE METHOD LABORATORY NETWORK CHOLESTEROL RESULTS FORM:

*Must be analyzed in three independent runs
Enter all analytical results in mg/dL or mmole/L*

Laboratory Name _____

Date: _____ Date: _____ Date: _____

Run 1 Run 2 Run 3

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

The statistical parameter used by the Network to evaluate precision is "overall precision
To calculate this, the standard deviation and CV are first evaluated
Then, overall precision is calculated from the average CV of all six samples

CHOLESTEROL REFERENCE METHOD LABORATORY NETWORK INFORMATION FORM

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 Traceability.
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: Sumiko Nagai **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: <u>2011.01.14</u>	Date Specimens Received: <u>2011.01.15</u>
Instrument: Manufacturer: <u>Hitachi Medical Corporation</u>	Calibrator: Manufacturer: <u>Kyowa Medex Co., Ltd.</u>
Trade Name: <u>Automatic Analyzer</u>	Trade Name: <u>Determiner Reference Serum for Lipid</u>
Model Number: <u>Hitachi 7250</u>	Lot Number(s): <u>902AIC</u>
Reagent: Manufacturer: <u>Kyowa Medex Co., Ltd.</u>	Calibrator Set Point(s): <u>224 mg/dL</u>
Trade Name: <u>Determiner L TC 2</u>	Matrix/Sample Type: <u>Venous Serum</u>
Lot Number(s): <u>R1:117AIG R2:115AIH</u>	Anticoagulant(if applicable): _____
	Concentration: _____

FINAL CHECKLIST (USING DAY 1 RESULTS)

- | | | | | | |
|---|-----------------------------|-----|--|-------------|-----|
| 1. Is there at least 100 mg/dL difference between your highest and lowest sample? | <u> X </u> | Yes | | <u> </u> | No |
| 2. Are there 2 samples: | | | | <u> X </u> | Yes |
| | -less than 200 mg/dL? | | | <u> X </u> | Yes |
| | -between 200 and 240 mg/dL? | | | <u> X </u> | Yes |
| | -greater than 240 mg/dL? | | | <u> X </u> | Yes |
| 3. In each of three groups above in #2, is there at least 20mg/dL difference between the 2 samples in that group? | <u> X </u> | Yes | | <u> </u> | No |

CHOLESTEROL REFERENCE METHOD LABORATORY NETWORK CHOLESTEROL RESULTS FORM:

記入例

*Must be analyzed in three independent runs
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: 2011.01.07 Date: 2011.01.14 Date: 2011.01.21

Run 1

Run 2

Run 3

Specimen ID	Osaka RV	duplicate #1	duplicate #2	duplicate #1	duplicate #2	duplicate #1	duplicate #2
1. <u>1</u>	<u> </u>	<u>115</u>	<u>116</u>	<u>115</u>	<u>116</u>	<u>115</u>	<u>116</u>
2. <u>2</u>	<u> </u>	<u>161</u>	<u>160</u>	<u>160</u>	<u>161</u>	<u>162</u>	<u>160</u>
3. <u>3</u>	<u> </u>	<u>212</u>	<u>213</u>	<u>211</u>	<u>213</u>	<u>212</u>	<u>213</u>
4. <u>4</u>	<u> </u>	<u>232</u>	<u>233</u>	<u>233</u>	<u>234</u>	<u>233</u>	<u>237</u>
5. <u>5</u>	<u> </u>	<u>264</u>	<u>265</u>	<u>268</u>	<u>267</u>	<u>265</u>	<u>266</u>
6. <u>6</u>	<u> </u>	<u>335</u>	<u>338</u>	<u>342</u>	<u>335</u>	<u>335</u>	<u>339</u>

The statistical parameter used by the Network to evaluate precision is "overall precision
To calculate this, the standard deviation and CV are first evaluate
Then, overall precision is calculated from the average CV of all six sample