



Date:

Analyst:

Complaint #

Item #

Acid Phosphatase Controls: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Abacard P30 Controls: \_\_\_\_\_ Abacard Lot # \_\_\_\_\_

Exp Date \_\_\_\_\_ QC Date \_\_\_\_\_

PB Controls: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

PHT \_\_\_\_\_ LMG \_\_\_\_\_ H202 Exp. Date: \_\_\_\_\_

Abacard Hematrace Controls: \_\_\_\_\_ Lot # \_\_\_\_\_

Exp Date \_\_\_\_\_ QC Date \_\_\_\_\_

Phadebas Controls: \_\_\_\_\_ Temp \_\_\_\_\_

Lot # \_\_\_\_\_ Lot QC Date \_\_\_\_\_ Lot Exp Date \_\_\_\_\_

Item #	√ if Present	Item Description	Sample(s) Retained?
	<input type="checkbox"/>	Underwear	
	<input type="checkbox"/>	Tampon or sanitary pad ( <i>circle</i> ):	