



Date: _____

Analyst: _____

Complaint # _____	Item # _____	
Acid Phosphatase Controls: _____ Date Exp. _____ ABACard P30 Controls: _____ Lot # _____ Exp Date _____ QC Date _____	PB Controls: _____ Date Exp. _____ PHT ____ LMG ____ H2O2 Date Exp. _____ ABACard Hematrace Controls: _____ Lot # _____ Exp Date _____ QC Date _____	Phadebas Controls: _____ Temp ____ Lot # _____ Lot QC Date _____ Lot Exp Date _____

Item #	√ if Present	Item Description	Comments	Sample Retained?
	<input type="checkbox"/>	Left Hand Fingernail Swabs: Qty _____ No analysis? _____		
	<input type="checkbox"/>	Right Hand Fingernail Swabs: Qty _____ No analysis? _____		
	<input type="checkbox"/>	Pubic Hair Combing: No analysis? _____		
	<input type="checkbox"/>	Trace Material (<i>Describe</i>): No analysis? _____		

Additional samples:

	<input type="checkbox"/>	Other Sample (<i>Describe</i>): _____ No analysis? _____ Qty _____ AP _____ P30 _____ PB _____ Amylase _____ Sperm Search 400X, ST _____ Verification _____		
	<input type="checkbox"/>	Other Sample (<i>Describe</i>): _____ No analysis? _____ Qty _____ AP _____ P30 _____ PB _____ Amylase _____ Sperm Search 400X, ST _____ Verification _____		
	<input type="checkbox"/>	Other Sample (<i>Describe</i>): _____ No analysis? _____ Qty _____ AP _____ P30 _____ PB _____ Amylase _____ Sperm Search 400X, ST _____ Verification _____		