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| **Sample Identifier** | **Polyspecific** | **IgG** | **C3** | **Interpretation** | **PASS Y/N** |
| **IS** | **CC** | **IS** | **CC** | **RT** | **CC** |
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| Saline Control |  |  |  |  |  |  |
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| Saline Control |  |  |  |  |  |  |
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| Saline Control |  |  |  |  |  |  |

Note: Only perform IgG and C3 testing as indicated per policy, enter ND for fields in which testing is not required.

**Assessor Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Assessor Signature:**