

**DATA SUBMISSION FORM**

Instrument Sys/Model#: DCA Vantage

Testing date: 6/15/16

Instrument ID/SN/Name: 5029904

Institution Name: Family Practice Physicians

How would you like your report returned to you?  
Please select only one method of return

Mailing Address: 10301 Glacier Hwy

Juneau, AK 99801

Attention: Brady Frickey

electronic copy via e-mail  
(please provide your e-mail address below)

Please list the person to be contacted regarding any issues with this data submission

E-mail: brady.fpp@gmail.com  
 hardcopy via US Mail

Contact Name: Brady Frickey

Phone # 907-789-2910 Ext 61236 Fax # 907-789-5545

Indicate the VALIDATE® product being submitted: please use a separate form for each product and each instrument system.

Product: Albumin \*Set: \_\_\_\_\_ Kit Lot #: 75AX11115 Kit Exp: 05/05/2017  
7056cc \*If using a kit with multiple sets

Record the method ID for the analyte(s) assayed in the space(s) provided.  
Enter the duplicate or triplicate recovered values for each analyte. NOTE: not all products contain Level 0 or Level 6.  
FOR ADDITIONAL ASSISTANCE IN COMPLETING THIS FORM, PLEASE VISIT [www.mainestandards.com](http://www.mainestandards.com) OR CALL OUR TECHNICAL SUPPORT DEPARTMENT AT 1-800-377-9684

Level	Analyte/Method ID: <u>mALB</u>			Analyte/Method ID:			Analyte/Method ID:		
	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3
0									
1	<u>65</u>	<u>65</u>							
2	<u>68.2</u>	<u>68.9</u>							
3	<u>128.6</u>	<u>129.4</u>							
4	<u>197.2</u>	<u>202.9</u>							
5	<u>267.0</u>	<u>262.8</u>							
6									

Level	Analyte/Method ID:			Analyte/Method ID:			Analyte/Method ID:		
	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3
0									
1									
2									
3									
4									
5									
6									

Level	Analyte/Method ID:			Analyte/Method ID:			Analyte/Method ID:		
	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3
0									
1									
2									
3									
4									
5									
6									

Level	Analyte/Method ID:			Analyte/Method ID:			Analyte/Method ID:		
	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3
0									
1									
2									
3									
4									
5									
6									

This form is available at [www.mainestandards.com](http://www.mainestandards.com) and may be printed for use or completed electronically.  
Completed forms may be emailed, faxed or mailed to Maine Standards Company.

Email: [datareduction@mainestandards.com](mailto:datareduction@mainestandards.com)  
Mail To: 221 US Route 1 Cumberland Foreside, ME 04110

Fax: 207-892-2266  
ATTN: Data Reduction Department

DATA SUBMISSION FORM



Instrument Sys/Model#: DC A Vantage  
 Instrument ID/SN/Name: 5029904  
 Institution Name: Family Practice Physicians  
 Mailing Address: 10301 Glacier Hwy  
Juneau, AK 99801  
 Attention: Brady Frickey  
 Please list the person to be contacted regarding  
 any issues with this data submission  
 Contact Name: Brady Frickey  
 Phone # 907-789-2910 ext 236 Fax # 907-789-5545

Testing date: 6/14/16

How would you like your report returned to you?  
 Please select only one method of return

electronic copy via e-mail  
 (please provide your e-mail address below)

E-mail: brady.fpp@gmail.com  
 hardcopy via US Mail

Indicate the VALIDATE® product being submitted: please use a separate form for each product and each instrument system.

Product: 704c Creat \*Set: \_\_\_\_\_ Kit Lot #: 74A004116 Kit Exp: 05/22/2017  
\*If using a kit with multiple sets

Record the method ID for the analyte(s) assayed in the space(s) provided.

Enter the duplicate or triplicate recovered values for each analyte. NOTE: not all products contain Level 0 or Level 6.

FOR ADDITIONAL ASSISTANCE IN COMPLETING THIS FORM, PLEASE VISIT [www.mainestandards.com](http://www.mainestandards.com) OR CALL OUR  
 TECHNICAL SUPPORT DEPARTMENT AT 1-800-377-9684

Level	Analyte/Method ID: <u>Creat</u>			Analyte/Method ID:			Analyte/Method ID:		
	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3
0									
1	<u>415.0</u>	<u>415.0</u>							
2	<u>110.6</u>	<u>110.6</u>							
3	<u>229.7</u>	<u>225.8</u>							
4	<u>334.8</u>	<u>342.9</u>							
5	<u>460.9</u>	<u>459.7</u>							
6									

Level	Analyte/Method ID:			Analyte/Method ID:			Analyte/Method ID:		
	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3
0									
1									
2									
3									
4									
5									
6									

Level	Analyte/Method ID:			Analyte/Method ID:			Analyte/Method ID:		
	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3
0									
1									
2									
3									
4									
5									
6									

Level	Analyte/Method ID:			Analyte/Method ID:			Analyte/Method ID:		
	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3
0									
1									
2									
3									
4									
5									
6									

- This form is available at [www.mainestandards.com](http://www.mainestandards.com) and may be printed for use or completed electronically.  
 Completed forms may be emailed, faxed or mailed to Maine Standards Company.

Email: [datareduction@mainestandards.com](mailto:datareduction@mainestandards.com)  
 Mail To: 221 US Route 1 Cumberland Foreside, ME 04110

Fax: 207-892-2266  
 ATTN: Data Reduction Department