



LOT NUMBER

 LOW ABNORMAL
 NORMAL
 HIGH ABNORMAL

LAB NUMBER

 INSTRUMENT

 SHIFT 1 2 3
 (circle one)

STATS[®]

QUALITY CONTROL PROGRAM

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NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

	Date	WBC	RBC	Hgb	Hct	Spun Hct %	MCV	MCH	MCHC	RDW	PLT	MPV	LYMPH %	LYMPH#	MONO%	MONO#	GRAN%	GRAN#	
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