

Calibration Verification Assessment

Name _____

Test Date _____

Address _____

Lab # _____

City _____ State _____ Zip _____

Instrument _____

Phone # _____ Fax # _____

Lot _____

Acceptable Background Counts Yes No

e-mail _____

Lower Level Optional Dilutions

RBC x 10 ¹² /L	Lower Level Optional Dilutions			L 1	L 2	L 3	L 4	L 5
	1	2	3					
	1:2 L 1: 1 Part Saline : 1 Part	1:4 L 1: 1 Part Saline : 3 Parts	1:16 L 1: 1 Part Saline : 15 Parts					
1								
2								
3								
4								
∑								

Lower Level Optional Dilutions

HGB x g/dL	Lower Level Optional Dilutions			L 1	L 2	L 3	L 4	L 5
	1	2	3					
	1:2 L 1: 1 Part Saline : 1 Part	1:4 L 1: 1 Part Saline : 3 Parts	1:16 L 1: 1 Part Saline : 15 Parts					
1								
2								
3								
4								
∑								

Lower Level Optional Dilutions

WBC x 10 ⁹ /L	Lower Level Optional Dilutions			L 1	L 2	L 3	L 4	L 5	L 6	L 7
	1	2	3							
	1:2 L 1: 1 Part Saline : 1 Part	1:4 L 1: 1 Part Saline : 3 Parts	1:8 L 1: 1 Part Saline : 7 Parts							
1										
2										
3										
4										
∑										

Lower Level Optional Dilutions

PLT x 10 ⁹ /L	Lower Level Optional Dilutions			L 1	L 2	L 3	L 4	L 5	L 6
	1	2	3						
	1:2 L 1: 1 Part Saline : 1 Part	1:4 L 1: 1 Part Saline : 3 Parts	1:8 L 1: 1 Part Saline : 7 Parts						
1									
2									
3									
4									
∑									

Reports are processed every Friday. Data is due by Thursday at 5:00pm CST in order to be processed that Friday.

Data received after that time will be held until the following week.

Submit data to: STATS Data Fax 402-333-7874