

# Streck Para<sup>®</sup> Check

For the Sysmex Hematology Instruments

LOW ABNORMAL   
 NORMAL   
 HIGH ABNORMAL

LOT NUMBER

INSTRUMENT

LAB NUMBER

SOFTWARE VER.   .

**STATS<sup>®</sup>**  
 QUALITY CONTROL PROGRAM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

	Date	WBC	RBC	Hgb	Hct	MCV	MCH	MCHC	RDW CV %	RDW SD	PLT	MPV	LYMPH %	MIXED %	NEUT %	LYMPH#	MIXED#	NEUT#	W-SMV	W-LMV	MO+GR%	MO+GR#	
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**RETURN WHITE COPY TO**

**STRECK P.O. BOX 4562 OMAHA, NE 68145-0625**

**STATS Data Fax 402-333-7874**

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