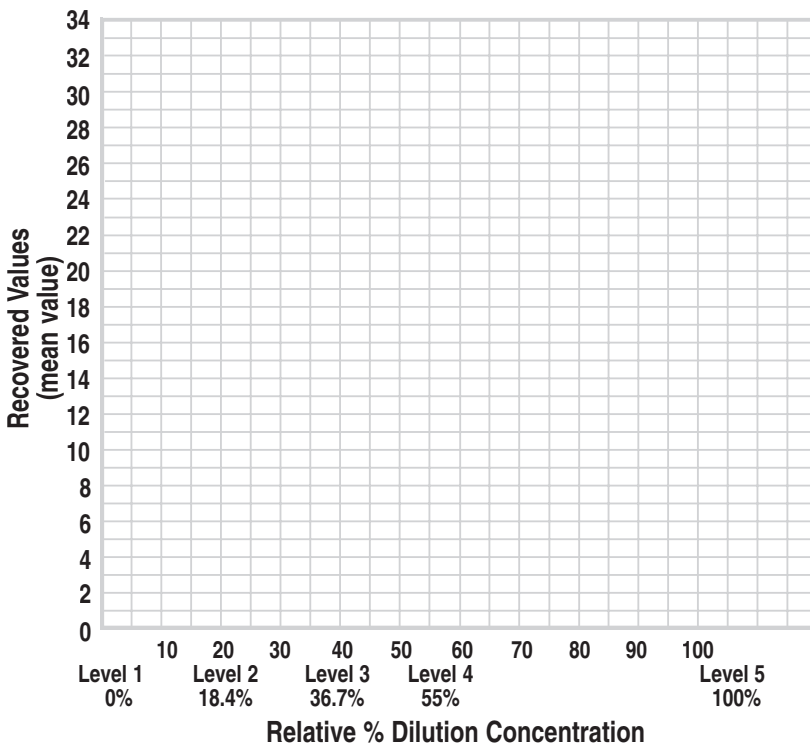


Retic-Chex[®] Linearity

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone # _____ Fax # _____

Lab # _____
 Instrument _____
 Lot # (first 4 digits) _____
 e-mail _____

Test Date: _____



	Level 1	Level 2	Level 3	Level 4	Level 5*
1st Run					
2nd Run					
3rd Run					
4th Run					
Mean					

*If Applicable

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