



**YOU MAY SUBMIT DATA BY:**

Fax: 706.485.2123

Email: technicalsupport@auditmicro.com

Mail: AUDIT MICROCONTROLS C/O AUDITOR QC

222 Technology Parkway, Eatonton, GA 31024

Questions or Comments? Please call us at: 866.252.8348

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Technician: \_\_\_\_\_

Instrument: \_\_\_\_\_

Serial No. \_\_\_\_\_

Product No: \_\_\_\_\_ Lot No: \_\_\_\_\_

Date of Run: \_\_\_\_\_

Analyte:		Unit of Measure:	
Reagent:		Lot No.:	
AMR:		TAE:	
Level	Value 1	Value 2	Value 3
A			
B			
C			
D			
E			
Notes:			

Analyte:		Unit of Measure:	
Reagent:		Lot No.:	
AMR:		TAE:	
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B			
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D			
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