

Participant No.

2010 ADDITIONAL FACTORS

INSTRUMENT MODEL: _____		SERIAL NUMBER: _____	
Please record the instrument serial number or part of the serial number for the purpose of instrument identification			
DUE DATE	SAMPLE NUMBER		UNITS
□□/□□	INR10-□□a	INR10-□□b	
FVII	□□□	□□□	%
	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
FIX	□□□	□□□	%
	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	

	APT10-□□a	APT10-□□b	UNITS
FXI	□□□	□□□	%
	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
FXII	□□□	□□□	%
	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	

DATE RECEIVED: □□ □□ □□

DATE RETURNED: □□ □□ □□

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