

Participant No.

2010 D-DIMER

Option 1: Fully Quantitative (automated) Methods

INSTRUMENT MODEL: _____			
REAGENT/KIT: _____ LOT No.: _____ EXP DATE: _____			
DUE DATE	SAMPLE NUMBER		UNITS
□□/□□	DD10-□□a	DD10-□□b	mg/L
D-Dimer	numerical value □□.□□	numerical value □□.□□	D Dimer
	<input type="checkbox"/> Above cut off <input type="checkbox"/> Below cut off	<input type="checkbox"/> Above cut off <input type="checkbox"/> Below cut off	
D-Dimer	numerical value □□.□□	numerical value □□.□□	FEU
	<input type="checkbox"/> Above cut off <input type="checkbox"/> Below cut off	<input type="checkbox"/> Above cut off <input type="checkbox"/> Below cut off	

PLEASE INCLUDE YOUR NUMERICAL VALUE IN THE BOX PROVIDED FOR BOTH "DETECTED" AND "NOT DETECTED" D-DIMER RESULTS.

NOTE: Please record your results in the appropriate units of measure.

DATE RECEIVED: □□ □□ □□ DATE RETURNED: □□ □□ □□