

2010 D-DIMER

Participant No.

Option 2:

SEMI QUANTITATIVE

REAGENT/KIT: _____ LOT No.: _____ EXP DATE: _____

(1 / 2 / 3) – Please circle the appropriate number for this kit if more than one kit has been registered.

DUE DATE	SAMPLE NUMBER			
□□/□□	DS10-□□a		DS10-□□b	
D-Dimer mg/L	<input type="checkbox"/> < 0.2 <input type="checkbox"/> 0.2 – 0.4 <input type="checkbox"/> 0.4 – 0.8 <input type="checkbox"/> 0.8 – 1.6 <input type="checkbox"/> 1.6 – 3.2 <input type="checkbox"/> > 3.2	<input type="checkbox"/> Detected <input type="checkbox"/> Not Detected	<input type="checkbox"/> < 0.2 <input type="checkbox"/> 0.2 – 0.4 <input type="checkbox"/> 0.4 – 0.8 <input type="checkbox"/> 0.8 – 1.6 <input type="checkbox"/> 1.6 – 3.2 <input type="checkbox"/> > 3.2	<input type="checkbox"/> Detected <input type="checkbox"/> Not Detected
FEU mg/L µg/ml	<input type="checkbox"/> < 0.5 <input type="checkbox"/> 0.5 – 1.0 <input type="checkbox"/> 1.0 – 2.0 <input type="checkbox"/> 2.0 – 4.0 <input type="checkbox"/> 4.0 – 8.0 <input type="checkbox"/> > 8.0	<input type="checkbox"/> Detected <input type="checkbox"/> Not Detected	<input type="checkbox"/> < 0.5 <input type="checkbox"/> 0.5 – 1.0 <input type="checkbox"/> 1.0 – 2.0 <input type="checkbox"/> 2.0 – 4.0 <input type="checkbox"/> 4.0 – 8.0 <input type="checkbox"/> > 8.0	<input type="checkbox"/> Detected <input type="checkbox"/> Not Detected

PLEASE REPORT RANGE FOR BOTH "DETECTED" AND "NOT DETECTED" D-DIMER RESULTS.

QUALITATIVE

REAGENT/KIT: _____ LOT No.: _____ EXP DATE: _____

(1 / 2 / 3) – Please circle the appropriate number for this kit if more than one kit has been registered.

DUE DATE	SAMPLE NUMBER	
□□/□□	DS10-□□a	DS10-□□b
D-Dimer	<input type="checkbox"/> Detected <input type="checkbox"/> Not Detected	<input type="checkbox"/> Detected <input type="checkbox"/> Not Detected

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