

# Quantimetrix®

# Quantrol™ UA Registration Form

Facility Name		Contact Person				
Address		Department				
		Telephone				
Email		Fax				
Start Month		After filling out all sections of this form, please mail, fax, or email it back to us.				
<b>DIPSTICK TESTS</b>						
Product	Instrument Make/Model (Please indicate the reagent strip used)		Lot Number(s)			
			Level 1	Level 2		
Dipper						
Dropper						
Dropper Plus						
Dip&Spin						
<b>CONFIRMATORY TESTS</b>						
	Available Tests				Lot Number(s)	
	Acetest	Clinitest	Icotest	Specific Gravity	Level 1	Level 2
Dipper						
Dropper						
Dropper Plus						
Dip&Spin						
<b>PREGNANCY (HCG) TESTS</b>						
Pregnancy Kit Manufacturer		Test Kit Name				
<b>MICROSCOPIC EVALUATION</b>						
Product	Microscopic Evaluation Method (Name one)			Lot Number(s)		
				Level 1	Level 2	
Dip&Spin						
QuanTscopics						
<b>QUANTIMETRIX USE ONLY</b>						
Customer Order Number		User ID		Password		