

Quantimetrix®

Quantrol™ QC

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.				
Product						
Product	Analytes Used (Indicate units used if other than conventional units)	Lot Number(s)			Instrument Make/Model	Instrument ID Name
		Level 1	Level 2	Level 3		
Ammonia/Alcohol						
Bilirubin Pediatric						
Dropper Urine Chemistry						
Microbumin						
Spinal Fluid						
Spinalscopics						
Sweat						
QUANTIMETRIX USE ONLY						
Customer Account Number		User ID		Password		