

QC SUBMISSION FORM

Data must be faxed to (914) 739-0306 or emailed to qcappsupport@polymedco.com by the 5th of the month.

- Laboratory Name: _____
- Address: _____
- City _____ State _____ Zip _____
- Phone #: _____ Fax #: _____
- Contact Name: _____
- Email Address: _____

ESR Method: (check one):

☐ Westergren Plastic ☐ Westergren Glass ☐ Wintrobe Plastic ☐ Wintrobe Glass ☐ Automated

Method/Analyzer Name: _____ Manufacturer: _____ * Serial # _____

*Lot Numbers: *Normal* _____ *Exp. Date* _____ * Shift _____

Abnormal _____ *Exp. Date* _____

* Month: _____				* Year: _____			
Date	Normal	Abnormal	Tech	Date	Normal	Abnormal	Tech
1				17			
2				18			
3				19			
4				20			
5				21			
6				22			
7				23			
8				24			
9				25			
10				26			
11				27			
12				28			
13				29			
14				30			
15				31			
16							

*** Please submit a separate QC Submission Form for each month, analyzer serial number, QC lot number and laboratory shift.**