

All fields are required to complete the Data Submission Form, unless marked optional. A separate form is required for each instrument. Additional Data Submission Forms are available at www.sekisuidiagnostics.com.

Forms can be submitted via email (techservices@sekisuidiagnostics.com) or fax (902-628-6504).

Completed reports are typically returned within 3 business days from receipt of submitted data

Contact Name: _____	Institution Name: _____
Email: _____	Address: _____
Phone: _____	City: _____
Fax (optional): _____	State/Province: _____
Preferred Receipt of Report <input type="checkbox"/> Email	Country: _____
<input type="checkbox"/> Fax	Zip/Postal Code: _____

DC-Lineate SE-091
Lot Number: _____
Expiry Date: _____

Instrument Model: _____
Instrument Serial Number (optional): _____
Date of Testing: _____
Units: <input type="checkbox"/> µg/dL <input type="checkbox"/> µmol/L

Submit data in the space below (Level 1, Level 2, and Level 3) in triplicate. If you require extra dilutions, indicate the composition of the dilution (i.e. 1 L1 : 1 L2). Additional replicates are accepted.

LEVEL	Replicate 1	Replicate 2	Replicate 3	Replicate 4	Replicate 5	Replicate 6

Optional Information

Reagent	Calibrator
Name: _____	Name: _____
Lot Number: _____	Lot Number: _____
Expiry Date: _____	Expiry Date: _____



SEKISUI Diagnostics
Technical Assistance

800-332-1042

techservices@sekisuidiagnostics.com