



O.E.M. Control and Panel Request Form

Please fax or email completed form for timelines and pricing to (508) 520-1525 or custserv@zeptometrix.com

Company:

Contact Name: _____

Title: _____

Signature: _____

Date: _____

Phone: _____

e-mail: _____

1. Control / Panel Type:

Manufacturing

In process validation

Release to QC

Calibration

Instrument Validation

Other _____

Quality Control

Proficiency

Sensitivity

Specificity

Linearity

Marketing

Performance

Product Release

Training

Interfering Substances

Run Control

Internal

External

QC

Brief description for use of Panel/Control: _____

2. General Specifications:

Disease being studied: _____ Markers being studied: _____

Number of Samples in Panel/Control: _____ Sample Volume: _____

Number of Controls / Panels: _____ Format: Single / Multiplexed

Inactivation: NATrol™ / Heat / Solvent Detergent, BPL-ultraviolet

3. Analyte Specifications:

Virus:	Concentration	Test Method (Ab, Ag, NAT...)	NATtrol™ or Live Virus	Unit of Measure
<input type="checkbox"/> CMV	_____	_____	_____	_____
<input type="checkbox"/> EBV	_____	_____	_____	_____
<input type="checkbox"/> HIV	_____	_____	_____	_____
<input type="checkbox"/> HCV	_____	_____	_____	_____
<input type="checkbox"/> HBV	_____	_____	_____	_____
<input type="checkbox"/> HTLV	_____	_____	_____	_____
<input type="checkbox"/> WNV	_____	_____	_____	_____
<input type="checkbox"/> SARS	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____

4. Sample Matrices:

- Stabilized Plasma Matrix
- Defibrinated Plasma Matrix
- NAT Base Matrix
- Serum

5. Packaging: _____

6. Labeling: _____
