

QC DATA MANAGEMENT PROGRAM QUESTIONNAIRE

The following is kindly requested for customer set-up.

FACILITY INFORMATION:

- 1) Facility Name: _____
- 2) Facility Address: _____
- 3) Facility Phone Number: _____
- 4) Facility Email Address (if applicable): _____
- 5) Analyzer Type (select one):
 - iSED
 - Sedifast 16
 - Mini Ves
 - Vesmatic 20
 - Vesmatic 10/Easy
 - Other: _____
- 6) Instrument Serial Number: _____
- 7) Seditrol[®], QC Lot Number: _____
- 8) Select one data entry option:
 - Summary Data Entries
 - Daily Data Entries

USER INFORMATION:

- 1) Contact Name: _____
- 2) Contact Email address: _____