

Instrument system: _____
 Institution name: _____
 Mailing address: _____

 E-mail: _____
 Contact name: _____
 Phone number: _____
 FAX number: _____

Testing date: _____
 Method of return:
 electronic copy via e-mail
 OR
 hardcopy via US Mail

Indicate the VALIDATE[®] product being submitted: please use a separate form for each product and each instrument system.

Product: _____ Kit Lot #: _____ Kit Exp: _____

Record the method ID for the analyte(s) assayed in the space(s) provided.
 Enter the duplicate or triplicate recovered values for each analyte. NOTE: not all products contain Level 0 or Level 6.
 FOR ADDITIONAL ASSISTANCE IN COMPLETING THIS FORM, PLEASE VISIT www.maineStandards.com OR CALL OUR
 TECHNICAL SUPPORT DEPARTMENT AT 1-800-377-9684

Level	Method ID:		Units:	Method ID:		Units:	Method ID:		Units:
	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3
0									
1									
2									
3									
4									
5									
6									

Level	Method ID:		Units:	Method ID:		Units:	Method ID:		Units:
	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3
0									
1									
2									
3									
4									
5									
6									

Level	Method ID:		Units:	Method ID:		Units:	Method ID:		Units:
	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3
0									
1									
2									
3									
4									
5									
6									

Level	Method ID:		Units:	Method ID:		Units:	Method ID:		Units:
	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3	Rep 1	Rep 2	Rep 3
0									
1									
2									
3									
4									
5									
6									

This form is available at www.maineStandards.com and may be printed for use or completed 'electronically'.

Completed forms may be emailed, faxed or mailed to Maine Standards Company.

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Fax: 207-892-2266

Mail To: 765 Roosevelt Trail Windham, ME 04062

ATTN: Data Reduction Department