

Instrument Sys/Model#: _____
 Instrument ID/SN/Name: _____
 Institution Name: _____
 Mailing Address: _____

 Attention: _____
 Please list the person to be contacted regarding
 any issues with this data submission
 Contact Name: _____
 Phone # _____ Fax # _____

Testing date: _____

How would you like your report returned to you?
 Please select only one method of return

electronic copy via e-mail
 (please provide your e-mail address below)

E-mail: _____

hardcopy via US Mail

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

Product: _____ Set: _____ 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 | | | | | | | | | |
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| 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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ATTN: Data Reduction Department