

AUDIT MICROCONTROLS QC DATA SUBMISSION SHEET
---PLEASE FAX BACK TO (760) 804-1589---

ACCOUNT	<input type="text"/>	MONTH	<input type="text"/>
CONTACT NAME	<input type="text"/>	PHONE	<input type="text"/>
FAX #	<input type="text"/>	EMAIL	<input type="text"/>
ANALYZER	<input type="text"/>	LOT #/DATE	<input type="text"/>

ANALYTE									
DATE	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 1	LEVEL 2	LEVEL 3
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