



AUDIT MicroControls

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FACILITY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

TECHNICIAN: _____

INSTRUMENT: _____

SERIAL NO: _____

PRODUCT NO. _____ LOT NO: _____

DATE OF RUN: _____

Analyte: _____

Unit of measure: _____

Level	Value 1	Value 2	Value 3
A			
B			
C			
D			
E			
Notes:			

Analyte: _____

Unit of measure: _____

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Unit of measure: _____

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