

<p><u>Please enter your method in the left column and include all applicable information:</u></p> <ul style="list-style-type: none"> Manufacturer Test name Instrument name Model name/number <p>Click each test performed on the test system you have listed in the left column. If you do not find the names of all tests performed, write in additional test names under the OTHER heading. Include all tests performed in your laboratory, including those that are classified as waived or PPM. DO NOT include calculated tests or ratios.</p>	<p>COLA ID:</p> <p>Laboratory Name:</p>
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HEMATOLOGY - ROUTINE

METHOD:	<input type="checkbox"/> Body Fluid, Microscopic <input type="checkbox"/> Eosinophils, Nasal Smears <input type="checkbox"/> Fecal smear for leukocytes <input type="checkbox"/> Hematocrit (HCT) <input type="checkbox"/> Hemoglobin (HGB) <input type="checkbox"/> Hemoglobin, Single Analyte instrument <input type="checkbox"/> Platelet Count	<input type="checkbox"/> RBC <input type="checkbox"/> Reticulocyte Count <input type="checkbox"/> Sed Rate (ESR), non-waived <input type="checkbox"/> Sed Rate (ESR), waived <input type="checkbox"/> Semen analysis, count and morphology <input type="checkbox"/> Semen analysis, presence or absence only (post vas)	<input type="checkbox"/> Spun hematocrit <input type="checkbox"/> WBC <input type="checkbox"/> WBC differential <ul style="list-style-type: none"> <input type="checkbox"/> Automated <input type="checkbox"/> Manual <p><u>OTHER:</u> <input type="checkbox"/></p>
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COAGULATION

METHOD:	<input type="checkbox"/> Activated Clotting Time <input type="checkbox"/> APTT <input type="checkbox"/> Bleeding Time <input type="checkbox"/> D-dimer	<input type="checkbox"/> Fibrin split products (Fibrin degradation products) <input type="checkbox"/> Fibrinogen <input type="checkbox"/> Heparin	<input type="checkbox"/> Prothrombin Time (PT) <input type="checkbox"/> Thrombin Time <p><u>OTHER:</u> <input type="checkbox"/></p>
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