

IFx360_HEp-2 Electronic Test Report Form®

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Secondary Data Entry

Site	Mode	Reader Initials	Slide Number	Session Name	Test Date (YYYY-MM-DD)		
Indiana	D	R2	1	mc-con1asc	2019	08	14

SampleID	Dilution Ratio	Well No	Intensity	Pattern	Excl?	Notes	User Validation	User Validation Key
RBET001	1:40	3	0	Hom: <input type="checkbox"/> Sp: <input type="checkbox"/> Nuc: <input type="checkbox"/> Cen: <input type="checkbox"/> Nud: <input type="checkbox"/> Cyt: <input type="checkbox"/> Unr: <input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	lmclaug Aug 15 14:46:01
RBET002	1:40	4	1+	Hom: <input type="checkbox"/> Sp: <input type="checkbox"/> Nuc: <input checked="" type="checkbox"/> Cen: <input type="checkbox"/> Nud: <input type="checkbox"/> Cyt: <input type="checkbox"/> Unr: <input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	lmclaug Aug 15 14:46:02
RBET003	1:40	5	4+	Hom: <input type="checkbox"/> Sp: <input checked="" type="checkbox"/> Nuc: <input type="checkbox"/> Cen: <input type="checkbox"/> Nud: <input type="checkbox"/> Cyt: <input type="checkbox"/> Unr: <input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	lmclaug Aug 15 14:46:02
RBET004	1:40	6	4+	Hom: <input checked="" type="checkbox"/> Sp: <input type="checkbox"/> Nuc: <input type="checkbox"/> Cen: <input type="checkbox"/> Nud: <input type="checkbox"/> Cyt: <input type="checkbox"/> Unr: <input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	lmclaug Aug 15 14:46:03
RBET005	1:40	7	4+	Hom: <input checked="" type="checkbox"/> Sp: <input type="checkbox"/> Nuc: <input type="checkbox"/> Cen: <input type="checkbox"/> Nud: <input type="checkbox"/> Cyt: <input type="checkbox"/> Unr: <input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	lmclaug Aug 15 14:46:04
RBET006	1:40	8	0	Hom: <input type="checkbox"/> Sp: <input type="checkbox"/> Nuc: <input type="checkbox"/> Cen: <input type="checkbox"/> Nud: <input type="checkbox"/> Cyt: <input type="checkbox"/> Unr: <input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	lmclaug Aug 15 14:46:04
RBET007	1:40	9	4+	Hom: <input type="checkbox"/> Sp: <input checked="" type="checkbox"/> Nuc: <input type="checkbox"/> Cen: <input type="checkbox"/> Nud: <input type="checkbox"/> Cyt: <input type="checkbox"/> Unr: <input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	lmclaug Aug 15 14:46:05
RBET008	1:40	10	3+	Hom: <input checked="" type="checkbox"/> Sp: <input type="checkbox"/> Nuc: <input type="checkbox"/> Cen: <input type="checkbox"/> Nud: <input type="checkbox"/> Cyt: <input type="checkbox"/> Unr: <input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	lmclaug Aug 15 14:46:06
RBET009	1:40	11	4+	Hom: <input type="checkbox"/> Sp: <input checked="" type="checkbox"/> Nuc: <input type="checkbox"/> Cen: <input type="checkbox"/> Nud: <input type="checkbox"/> Cyt: <input type="checkbox"/> Unr: <input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	lmclaug Aug 15 14:46:06
RBET010	1:40	12	4+	Hom: <input type="checkbox"/> Sp: <input checked="" type="checkbox"/> Nuc: <input type="checkbox"/> Cen: <input type="checkbox"/> Nud: <input type="checkbox"/> Cyt: <input type="checkbox"/> Unr: <input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	lmclaug Aug 15 14:46:07
				Hom: <input type="checkbox"/> Sp: <input type="checkbox"/> Nuc: <input type="checkbox"/> Cen: <input type="checkbox"/> Nud: <input type="checkbox"/> Cyt: <input type="checkbox"/> Unr: <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
				Hom: <input type="checkbox"/> Sp: <input type="checkbox"/> Nuc: <input type="checkbox"/> Cen: <input type="checkbox"/> Nud: <input type="checkbox"/> Cyt: <input type="checkbox"/> Unr: <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Misc. Notes

File Hashkey

04450ef509ea51fc1c4fda9cb0a31254

CLEAR FORM