

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	B	R2	3	MB-Con1Sc	2019	08	12

SampleID	Dilution Ratio	Well No	Intensity	Pattern	Excl?	Notes	User Validation	User Validation Key
RBET012	1:40	1	NA	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 13 09:02:47
RBET012	1:80	2	NA	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 13 09:02:48
RBET013	1:40	3	NA	Hom: <input type="checkbox"/> Sp: <input type="checkbox"/> Nuc: <input type="checkbox"/> Cen: <input type="checkbox"/> Nud: <input type="checkbox"/> Cyt: <input checked="" type="checkbox"/> Unr: <input type="checkbox"/>	<input type="checkbox"/>	AMA	<input checked="" type="checkbox"/>	lmclaug Aug 13 09:02:49
RBET013	1:80	4	NA	Hom: <input type="checkbox"/> Sp: <input type="checkbox"/> Nuc: <input type="checkbox"/> Cen: <input type="checkbox"/> Nud: <input type="checkbox"/> Cyt: <input checked="" type="checkbox"/> Unr: <input type="checkbox"/>	<input type="checkbox"/>	AMA	<input checked="" type="checkbox"/>	lmclaug Aug 13 09:02:50
RBET014	1:40	5	NA	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 13 09:02:50
RBET014	1:80	6	NA	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 13 09:02:51
RBET015	1:40	7	NA	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 13 09:02:51
RBET015	1:80	8	NA	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 13 09:02:52
RBET016	1:40	9	NA	Hom: <input type="checkbox"/> Sp: <input type="checkbox"/> Nuc: <input type="checkbox"/> Cen: <input type="checkbox"/> Nud: <input type="checkbox"/> Cyt: <input checked="" type="checkbox"/> Unr: <input type="checkbox"/>	<input type="checkbox"/>	AMA	<input checked="" type="checkbox"/>	lmclaug Aug 13 09:02:53
RBET016	1:80	10	NA	Hom: <input type="checkbox"/> Sp: <input type="checkbox"/> Nuc: <input type="checkbox"/> Cen: <input type="checkbox"/> Nud: <input type="checkbox"/> Cyt: <input checked="" type="checkbox"/> Unr: <input type="checkbox"/>	<input type="checkbox"/>	AMA	<input checked="" type="checkbox"/>	lmclaug Aug 13 09:02:53
RBET017	1:40	11	NA	Hom: <input checked="" 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 13 09:02:54
RBET017	1:80	12	NA	Hom: <input checked="" 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 13 09:02:55

Misc. Notes

File Hashkey

1dbc05ade9c9e88be494c88b1ca84ebd

CLEAR FORM