

PEERQC REGISTRATION FORM

Please Print

LABORATORY INFORMATION			
Facility Name:		Department:	
P.O. Box:		Street Address:	
City:		State:	ZIP Code:

CONTACT INFORMATION		
Last name:	First Name:	Title:
Work phone no. : ()	Fax no.: ()	Email address:

INSTRUMENT #1 INFORMATION			
Manufacturer:	Model:	Serial number:	ID/Name:
QC Product:	Lot # 1 or Kit Lot #:	Lot # 2:	Lot # 3:

INSTRUMENT #2 INFORMATION			
Manufacturer:	Model:	Serial number:	ID/Name:
QC Product:	Lot # 1 or Kit Lot #:	Lot # 2:	Lot # 3:

INSTRUMENT #3 INFORMATION			
Manufacturer:	Model:	Serial number:	ID/Name:
QC Product:	Lot # 1 or Kit Lot #:	Lot # 2:	Lot # 3:

Fax (978-772-9071) or e-mail (stats@rnamedical.com) your registration to receive a UserID and password for PeerQC.

INTERNAL USE			
Entered by:	Date:	CUSNO:	Code: