









Name (PI): _____ Ref Code: _____ Date: _____

Location before screening: _____ Clipped ☐ Screened ☐ Date stored: _____

Location after screening: _____ Notes: _____

	Box / Sample	Blot time	Blot pressure	Temp/RH	Volume/Conc	Recovery
1 						SAVE? <input type="checkbox"/>
	LOCATION:					
2 						SAVE? <input type="checkbox"/>
	LOCATION:					
3 						SAVE? <input type="checkbox"/>
	LOCATION:					
4 						SAVE? <input type="checkbox"/>
	LOCATION:					

	Box / Sample	Blot time	Blot pressure	Temp/RH	Volume/Conc	Recovery
1 						SAVE? <input type="checkbox"/>
	LOCATION:					
2 						SAVE? <input type="checkbox"/>
	LOCATION:					
3 						SAVE? <input type="checkbox"/>
	LOCATION:					
4 						SAVE? <input type="checkbox"/>
	LOCATION:					

Name (PI): _____ Ref Code: _____ Date: _____

Overflow:

Notes: