

Name (PI): _____ (Po-Lin Chiu) 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): _____ (Po-Lin Chiu) Ref Code: _____ Date: _____

Overflow:

Notes: