Print Form

HORIBA Medical

ABX Quality Control Program

QCP - Quality Control Program - Enrollment Form

Please complete the information requested below and FAX to: **(949) 341-0752**

Laboratory Name: x
Customer Number: x
User Name/Title: x

Email Address: x
Phone Number: x
FAX Number: x
Address: x
City/State/ZIP: x

HEMATOLOGY

Instrument Model: x
Serial Number: x
Software Version: x
Controls Used: x x
Controls Used: x x

HEMATOLOGY

Instrument Model: x
Serial Number: x
Software Version: x
Controls Used: x x
Controls Used: x x

Questions about QCP may be addressed to: info.medical@us.horiba.com or to the above FAX number (Attn: Laboratory Quality Manager).

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