**Internal Quality Control**

**For G-6-PD / Reticulocyte**

ชื่อน้ำยา................................................... Lot No. ……………………………. Exp.date……………………..……………

ชื่อน้ำยา................................................... Lot No. ……………………………. Exp.date……………………..……………

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| **DATE** | **G-6-PD** | | **Reticulocyte** | **ผู้รายงาน** |
| Normal | Deficiency |
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