

Clinical Performance Study

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GeneProof **XXX** PCR Kit

Responsible person: Name

Investigated device (GeneProof)	1. Reference CE IVD device /
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		method
Extraction name		

Expiration		

Elution volume (μl)		
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Investigated device (GeneProof)	1. Reference CE IVD device /
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		method
PCR Kit Name		

Expiration		
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Type of PCR cyclers		
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In case of discrepancies, the results are verified by third independant diagnostic assay:

2. Reference CE IVD diagnostic assay / method

Expiration	
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Type of PCR cycler	
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N - Negative, P - Positive, NA - Not Available

I _____
comparison of analysis results fro

Place

N - Negative, P - Positive, NA - Not Available

N - Negative, P - Positive, NA - Not Available

N - Negative, P - Positive, NA - Not Available

[illegible]

_____ hereby confirm the impartial
in both CE IVD diagnostic assays.

Date
Stamp and Signature