

Fax-Ergebnisformular für den Ringversuch COVID_2021_02

Name des Teilnehmers: _____

Laborcode: _____

Land _____

Bitte benutzen Sie dieses Fax-Formular zur Datenübermittlung als Alternative zur Online-Eingabe der Ergebnisse (<https://teqa.esfeqa.eu>).

Einsendeschluss für die Ergebnisse: 03/05/2021

Qualitative Ergebnisse:

| Programm | Methoden-schlüssel | Reagenz-schlüssel | Instrumenten-schlüssel | Analyt | COVID_2021_02_a | | | COVID_2021_02_b | | |
|----------|--------------------|-------------------|------------------------|--------------|-----------------|--------------|---------|-----------------|--------------|---------|
| | | | | | positiv | grenz-wertig | negativ | positiv | grenz-wertig | negativ |
| COVID | | | | IgA | | | | | | |
| COVID | | | | IgG | | | | | | |
| COVID | | | | IgM | | | | | | |
| COVID | | | | Gesamt (KBR) | | | | | | |

| Programm | Methoden-schlüssel | Reagenz-schlüssel | Instrumenten-schlüssel | Analyt | COVID_2021_02_c | | | COVID_2021_02_d | | |
|----------|--------------------|-------------------|------------------------|--------------|-----------------|--------------|---------|-----------------|--------------|---------|
| | | | | | positiv | grenz-wertig | negativ | positiv | grenz-wertig | negativ |
| COVID | | | | IgA | | | | | | |
| COVID | | | | IgG | | | | | | |
| COVID | | | | IgM | | | | | | |
| COVID | | | | Gesamt (KBR) | | | | | | |

Quantitative Ergebnisse:

| Programm | Analyt | Methoden- schlüssel | Reagenz- schlüssel | Instrumenten- schlüssel | Unit * | COVID_2021_02 _a Ergebnis | COVID_2021_02 _b Ergebnis |
|----------|----------------|------------------------|-----------------------|----------------------------|---|---------------------------------|---------------------------------|
| COVID | IgA | | | | <input type="checkbox"/> AU/ml <input type="checkbox"/> Index <input type="checkbox"/> Ratio <input type="checkbox"/> S/Co | | |
| COVID | IgG | | | | <input type="checkbox"/> AU/ml <input type="checkbox"/> Index <input type="checkbox"/> Ratio <input type="checkbox"/> S/Co | | |
| COVID | IgM | | | | <input type="checkbox"/> AU/ml <input type="checkbox"/> Index <input type="checkbox"/> Ratio <input type="checkbox"/> S/Co | | |
| COVID | total (KBR) | | | | <input type="checkbox"/> AU/ml <input type="checkbox"/> Index <input type="checkbox"/> Ratio <input type="checkbox"/> S/Co | | |

*AU=Arbitrary Units

| Programm | Analyt | Methoden- schlüssel | Reagenz- schlüssel | Instrumenten- schlüssel | Unit * | COVID_2021_02 _c Ergebnis | COVID_2021_02 _d Ergebnis |
|----------|----------------|------------------------|-----------------------|----------------------------|---|---------------------------------|---------------------------------|
| COVID | IgA | | | | <input type="checkbox"/> AU/ml <input type="checkbox"/> Index <input type="checkbox"/> Ratio <input type="checkbox"/> S/Co | | |
| COVID | IgG | | | | <input type="checkbox"/> AU/ml <input type="checkbox"/> Index <input type="checkbox"/> Ratio <input type="checkbox"/> S/Co | | |
| COVID | IgM | | | | <input type="checkbox"/> AU/ml <input type="checkbox"/> Index <input type="checkbox"/> Ratio <input type="checkbox"/> S/Co | | |
| COVID | total (KBR) | | | | <input type="checkbox"/> AU/ml <input type="checkbox"/> Index <input type="checkbox"/> Ratio <input type="checkbox"/> S/Co | | |

*AU=Arbitrary Units

Stempel/Unterschrift

Datum

Das ausgefüllte Formular bitte per Fax (+49 6221 894669-90) oder E-Mail (info@esfeqa.eu) an ESFEQA zurücksenden.