

## Fax Form for Survey Sample CC2\_2018\_02

Participant Name: \_\_\_\_\_

Lab Client Code: \_\_\_\_\_

Country: \_\_\_\_\_

Please use this fax form for data submission only if you cannot submit the data online (<https://teqa.esfeqa.eu>).

### Deadline of Data Submission: 29/10/2018

Program	Analyte	Method-Key	Instrument-Key	Unit	CC2_2018_02_a Result	CC2_2018_02_b Result
CC2	Acid Phosphatase			<input type="checkbox"/> U/l <input type="checkbox"/> $\mu$ kat/l		
CC2	Albumin			<input type="checkbox"/> g/l <input type="checkbox"/> g/dl <input type="checkbox"/> mg/dl		
CC2	ALP			<input type="checkbox"/> U/l <input type="checkbox"/> $\mu$ kat/l		
CC2	ALT/GPT			<input type="checkbox"/> U/l <input type="checkbox"/> $\mu$ kat/l		
CC2	Amylase			<input type="checkbox"/> U/l <input type="checkbox"/> $\mu$ kat/l		
CC2	AST/GOT			<input type="checkbox"/> U/l <input type="checkbox"/> $\mu$ kat/l		
CC2	Bilirubin-direct			<input type="checkbox"/> $\mu$ mol/l <input type="checkbox"/> mg/dl		
CC2	Bilirubin-total			<input type="checkbox"/> $\mu$ mol/l <input type="checkbox"/> mg/dl		
CC2	Calcium, total			<input type="checkbox"/> mmol/l <input type="checkbox"/> mg/dl		
CC2	Calcium, ionized			<input type="checkbox"/> mmol/l <input type="checkbox"/> mg/dl		
CC2	CHE			<input type="checkbox"/> U/l <input type="checkbox"/> $\mu$ kat/l		
CC2	Chloride			<input type="checkbox"/> mmol/l <input type="checkbox"/> mg/dl		

Program	Analyte	Method- Key	Instrument- Key	Unit	CC2_2018_02_a Result	CC2_2018_02_b Result
CC2	Cholesterol			<input type="checkbox"/> mmol/l <input type="checkbox"/> mg/dl		
CC2	CK			<input type="checkbox"/> U/l <input type="checkbox"/> $\mu$ kat/l		
CC2	Creatinine			<input type="checkbox"/> $\mu$ mol/l <input type="checkbox"/> mg/dl		
CC2	$\gamma$ -GT			<input type="checkbox"/> U/l <input type="checkbox"/> $\mu$ kat/l		
CC2	Glucose			<input type="checkbox"/> mmol/l <input type="checkbox"/> mg/dl		
CC2	HDL Cholesterol			<input type="checkbox"/> mmol/l <input type="checkbox"/> mg/dl		
CC2	Iron			<input type="checkbox"/> $\mu$ mol/l <input type="checkbox"/> $\mu$ g/dl		
CC2	Lactate			<input type="checkbox"/> mmol/l <input type="checkbox"/> mg/dl		
CC2	LDH			<input type="checkbox"/> U/l <input type="checkbox"/> $\mu$ kat/l		
CC2	LDL Cholesterol			<input type="checkbox"/> mmol/l <input type="checkbox"/> mg/dl		
CC2	Lipase			<input type="checkbox"/> U/l <input type="checkbox"/> $\mu$ kat/l		
CC2	Lithium			<input type="checkbox"/> mmol/l <input type="checkbox"/> mg/dl		
CC2	Magnesium			<input type="checkbox"/> mmol/l <input type="checkbox"/> mg/dl		
CC2	pancr. Amylase			<input type="checkbox"/> U/l <input type="checkbox"/> $\mu$ kat/l		
CC2	Phosphate			<input type="checkbox"/> mmol/l <input type="checkbox"/> mg/dl		
CC2	Potassium			<input type="checkbox"/> mmol/l <input type="checkbox"/> mg/dl		
CC2	Sodium			<input type="checkbox"/> mmol/l <input type="checkbox"/> mg/dl		

Program	Analyte	Method- Key	Instrument- Key	Unit	CC2_2018_02_a Result	CC2_2018_02_b Result
CC2	TIBC			<input type="checkbox"/> $\mu\text{mol/l}$ <input type="checkbox"/> $\mu\text{g/dl}$		
CC2	Total Protein			<input type="checkbox"/> $\text{g/l}$ <input type="checkbox"/> $\text{mg/dl}$ <input type="checkbox"/> $\text{g/dl}$		
CC2	Triglycerides			<input type="checkbox"/> $\text{mmol/l}$ <input type="checkbox"/> $\text{mg/dl}$		
CC2	Urea			<input type="checkbox"/> $\text{mmol/l}$ <input type="checkbox"/> $\text{mg/dl}$ <input type="checkbox"/> $\text{mg/dl}$ Urea N <input type="checkbox"/> $\text{g/l}$ Urea N		
CC2	Uric Acid			<input type="checkbox"/> $\mu\text{mol/l}$ <input type="checkbox"/> $\text{mg/dl}$		

Stamp/Signature

Date

**Please send the filled form to ESfEQA by Fax (+49 6221 894669-90) or by E-Mail (info@esfeqa.eu)**