

Fax Form for Survey Sample CHP_2019_01

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 for Data Submission: 06/05/2019

Program	Method-Key	Reagent-Key	Instrument-Key	Analyte	CHP_2019_01_a			CHP_2019_01_b		
					Positive	Border-line	Negative	Positive	Border-line	Negative
CHP				anti-Chlamydia pneumoniae IgA						
				anti-Chlamydia pneumoniae IgG						
				anti-Chlamydia pneumoniae IgM						

Stamp/Signature _____

Date _____

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