

Fax Form for Survey Sample COVID_2020_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 for Data Submission: 14/10/2020

Qualitative Results:

Program	Method-Key	Reagent-Key	Instrument-Key	Analyte	COVID_2020_02_a			COVID_2020_02_b		
					Positive	Border-line	Negative	Positive	Border-line	Negative
COVID				IgA						
COVID				IgG						
COVID				IgM						
COVID				total (CFT)						

Program	Method-Key	Reagent-Key	Instrument-Key	Analyte	COVID_2020_02_c			COVID_2020_02_d		
					Positive	Border-line	Negative	Positive	Border-line	Negative
COVID				IgA						
COVID				IgG						
COVID				IgM						
COVID				total (CFT)						

Program	Method-Key	Reagent-Key	Instrument-Key	Analyte	COVID_2020_02_e			COVID_2020_02_f		
					Positive	Border-line	Negative	Positive	Border-line	Negative
COVID				IgA						
COVID				IgG						
COVID				IgM						
COVID				total (CFT)						

Quantitative Results:

Program	Analyte	Method-Key	Reagent-Key	Instrument-Key	Unit *	COVID_2020_02_a Result	COVID_2020_02_b Result
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 (CFT)				<input type="checkbox"/> AU/ml <input type="checkbox"/> Index <input type="checkbox"/> Ratio <input type="checkbox"/> S/Co		

*AU=Arbitrary Units

Program	Analyte	Method-Key	Reagent-Key	Instrument-Key	Unit *	COVID_2020_02_c Result	COVID_2020_02_d Result
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 (CFT)				<input type="checkbox"/> AU/ml <input type="checkbox"/> Index <input type="checkbox"/> Ratio <input type="checkbox"/> S/Co		

Program	Analyte	Method-Key	Reagent-Key	Instrument-Key	Unit *	COVID_2020_02_e Result	COVID_2020_02_f Result
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 (CFT)				<input type="checkbox"/> AU/ml <input type="checkbox"/> Index <input type="checkbox"/> Ratio <input type="checkbox"/> S/Co		

*AU=Arbitrary Units

Stamp/Signature

Date

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