

Fax Form for Survey Samples DAT_2021_04

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: 02/11/2021

Program	Method-Key	Reagent-Key	Instrument-Key	Analyte	DAT_2021_04_a			DAT_2021_04_b		
					Positive	Border-line	Negative	Positive	Border-line	Negative
DAT				Acetyl-morphine cut-off 10						
DAT				Group: Amphetamine/Methamphetamine/MDMA cut-off 300						
DAT				Group: Amphetamine/Methamphetamine/MDMA cut-off 500						
DAT				Group: Amphetamine/Methamphetamine/MDMA cut-off 1000						
DAT				Amphetamines cut-off 300						
DAT				Amphetamines cut-off 500						
DAT				Amphetamines cut-off 1000						
DAT				Methamphetamine cut-off 300						
DAT				Methamphetamine cut-off 500						
DAT				Methamphetamine cut-off 1000						

Program	Method- Key	Reagent- Key	Instrument- Key	Analyte	DAT_2021_04_a			DAT_2021_04_b		
					Positive	Border- line	Negative	Positive	Border- line	Negative
DAT				MDMA cut-off 300						
DAT				MDMA cut-off 500						
DAT				MDMA cut-off 1000						
DAT				Barbiturates cut-off 200						
DAT				Barbiturates cut-off 300						
DAT				Benzo- diazepines cut-off 200						
DAT				Benzo- diazepines cut-off 300						
DAT				Buprenor- phine cut-off 5						
DAT				Buprenor- phine cut-off 10						
DAT				Canna- binoids cut-off 25						
DAT				Canna- binoids cut-off 50						
DAT				Synthetic Canna- binoids K2/Spice (JWH-018 metabolites) cut-off 25						
DAT				Synthetic Canna- binoids K2 /Spice (JWH-018 metabolites) cut-off 50						
DAT				Cocaine (Benzoyllec- gonine) cut-off 150						
DAT				Cocaine (Benzoyllec- gonine) cut-off 300						
DAT				Methadone and Metabolites (EDDP) cut-off 300						

Program	Method- Key	Reagent- Key	Instrument- Key	Analyte	DAT_2021_04_a			DAT_2021_04_b		
					Positive	Border- line	Negative	Positive	Border- line	Negative
DAT				Methadone cut-off 300						
DAT				Methadone Metabolites (EDDP) cut-off 300						
DAT				Opiates cut-off 300						
DAT				Opiates cut-off 2000						
DAT				Tricyclic Anti- depressants cut-off 1000						

Stamp/Signature _____

Date _____

By signing this form, you confirm that the results you have indicated have been obtained in your organization (e.g. laboratory, hospital etc.).

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