

## Fax Form for Survey Sample HAV\_2019\_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: 06/05/2019**

Program	Method-Key	Reagent-Key	Instrument-Key	Analyte	HAV_2019_02_a			HAV_2019_02_b		
					Positive	Border-line	Negative	Positive	Border-line	Negative
HAV				anti-HAV IgG						
				anti-HAV IgM						

Stamp/Signature \_\_\_\_\_

Date \_\_\_\_\_

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