

Fax Form for Survey Sample TMH4_2020_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 of Data Submission: 26/10/2020

Program	Analyte	Method- Key	Instrument- Key	Unit	TMH4_2020_04_a Result	TMH4_2020_04_b Result
TMH4	AFP			<input type="checkbox"/> kIU/l <input type="checkbox"/> ng/ml <input type="checkbox"/> IU/ml <input type="checkbox"/> µg/l		
TMH4	Aldo- sterone			<input type="checkbox"/> pmol/l <input type="checkbox"/> ng/l <input type="checkbox"/> pg/ml <input type="checkbox"/> ng/dl		
TMH4	AMH			<input type="checkbox"/> ng/ml <input type="checkbox"/> µg/l <input type="checkbox"/> pmol/l		
TMH4	Andro- stendione			<input type="checkbox"/> ng/ml <input type="checkbox"/> µg/l <input type="checkbox"/> nmol/l		
TMH4	CA 125			<input type="checkbox"/> kU/l <input type="checkbox"/> U/ml		
TMH4	CA 15-3			<input type="checkbox"/> kU/l <input type="checkbox"/> U/ml		
TMH4	CA 19-9			<input type="checkbox"/> kU/l <input type="checkbox"/> U/ml		
TMH4	Calcitonin			<input type="checkbox"/> pg/ml <input type="checkbox"/> ng/l <input type="checkbox"/> pmol/l		
TMH4	CEA			<input type="checkbox"/> µg/l <input type="checkbox"/> ng/ml		

Program	Analyte	Method- Key	Instrument- Key	Unit	TMH4_2020_04_a Result	TMH4_2020_04_b Result
TMH4	Cortisol			<input type="checkbox"/> nmol/l <input type="checkbox"/> pmol/ml <input type="checkbox"/> µg/l <input type="checkbox"/> µg/dl <input type="checkbox"/> ng/ml		
TMH4	C-Peptide			<input type="checkbox"/> nmol/l <input type="checkbox"/> ng/ml <input type="checkbox"/> ng/l <input type="checkbox"/> µg/l <input type="checkbox"/> pmol/ml <input type="checkbox"/> pmol/l		
TMH4	DHEA-S			<input type="checkbox"/> µmol/l <input type="checkbox"/> mmol/ml <input type="checkbox"/> µg/dl <input type="checkbox"/> µg/l <input type="checkbox"/> ng/dl <input type="checkbox"/> ng/ml		
TMH4	Estradiol			<input type="checkbox"/> pmol/l <input type="checkbox"/> ng/l <input type="checkbox"/> pg/ml <input type="checkbox"/> nmol/l		
TMH4	Ferritin			<input type="checkbox"/> µg/l <input type="checkbox"/> U/ml <input type="checkbox"/> ng/ml		
TMH4	Folate			<input type="checkbox"/> nmol/l <input type="checkbox"/> pmol/ml <input type="checkbox"/> ng/ml		
TMH4	FSH			<input type="checkbox"/> IU/l <input type="checkbox"/> mIU/ml		
TMH4	hCG			<input type="checkbox"/> IU/l <input type="checkbox"/> mIU/ml		
TMH4	Homocys- teine			<input type="checkbox"/> µmol/l <input type="checkbox"/> mg/l		
TMH4	Human Growth Hormone			<input type="checkbox"/> ng/ml <input type="checkbox"/> µg/l <input type="checkbox"/> mIU/l		

Program	Analyte	Method- Key	Instrument- Key	Unit	TMH4_2020_04_a Result	TMH4_2020_04_b Result
TMH4	IgE			<input type="checkbox"/> IU/ml <input type="checkbox"/> ng/ml <input type="checkbox"/> µg/l <input type="checkbox"/> mg/l		
TMH4	Insulin			<input type="checkbox"/> pmol/l <input type="checkbox"/> mU/l <input type="checkbox"/> µIU/ml <input type="checkbox"/> µU/ml		
TMH4	LH			<input type="checkbox"/> mIU/ml <input type="checkbox"/> IU/l		
TMH4	Methylma- lonic Acid			<input type="checkbox"/> nmol/l <input type="checkbox"/> µg/l		
TMH4	Pro- gesterone			<input type="checkbox"/> nmol/l <input type="checkbox"/> pmol/ml <input type="checkbox"/> µg/l <input type="checkbox"/> ng/ml		
TMH4	Prolactin			<input type="checkbox"/> mIU/l <input type="checkbox"/> µg/l <input type="checkbox"/> ng/ml		
TMH4	PSA free			<input type="checkbox"/> µg/l <input type="checkbox"/> ng/ml		
TMH4	PSA total			<input type="checkbox"/> µg/l <input type="checkbox"/> ng/ml		
TMH4	PTH			<input type="checkbox"/> ng/l <input type="checkbox"/> pg/ml <input type="checkbox"/> pmol/l		
TMH4	SHBG			<input type="checkbox"/> nmol/l <input type="checkbox"/> pmol/ml <input type="checkbox"/> mg/l <input type="checkbox"/> µg/ml		
TMH4	T3 free			<input type="checkbox"/> pmol/l <input type="checkbox"/> ng/l <input type="checkbox"/> pg/ml		
TMH4	T3 total			<input type="checkbox"/> nmol/l <input type="checkbox"/> pmol/ml <input type="checkbox"/> µg/l <input type="checkbox"/> ng/ml <input type="checkbox"/> ng/dl		

Program	Analyte	Method-Key	Instrument-Key	Unit	TMH4_2020_04_a Result	TMH4_2020_04_b Result
TMH4	T4 free			<input type="checkbox"/> pmol/l <input type="checkbox"/> ng/l <input type="checkbox"/> ng/dl <input type="checkbox"/> pg/ml		
TMH4	T4 total			<input type="checkbox"/> nmol/l <input type="checkbox"/> pmol/ml <input type="checkbox"/> µg/l <input type="checkbox"/> ng/ml <input type="checkbox"/> ng/dl <input type="checkbox"/> µg/dl		
TMH4	Testosterone			<input type="checkbox"/> nmol/l <input type="checkbox"/> pmol/ml <input type="checkbox"/> ng/ml <input type="checkbox"/> ng/dl		
TMH4	Thyroglobulin			<input type="checkbox"/> µg/l <input type="checkbox"/> ng/ml		
TMH4	TSH			<input type="checkbox"/> mU/l <input type="checkbox"/> mIU/l <input type="checkbox"/> µIU/ml		
TMH4	Vitamin B12			<input type="checkbox"/> pmol/l <input type="checkbox"/> ng/l <input type="checkbox"/> pg/ml		
TMH4	Vitamin D			<input type="checkbox"/> nmol/l <input type="checkbox"/> pmol/ml <input type="checkbox"/> µg/l <input type="checkbox"/> ng/ml		
TMH4	17-OH Progesterone			<input type="checkbox"/> nmol/l <input type="checkbox"/> pmol/ml <input type="checkbox"/> µg/l <input type="checkbox"/> ng/ml		

Stamp/Signature _____

_____ Date

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