

Result Form for Survey Samples ABO4_2023_02

Laboratory Name: _____

Lab Client Code: _____

Country: _____

Please use this result form for data submission only if you cannot submit the data online (<https://teqa.esfeqa.eu>).

Deadline for Data Submission: 02/05/2023

Program	Analyte	Method-Key	Reagent-Key	Instrument-Key	ABO4_2023_02_a Result	ABO4_2023_02_b Result
ABO4	ABO Blood Group				<input type="checkbox"/> Blood Group 0 <input type="checkbox"/> Blood Group A <input type="checkbox"/> Blood Group B <input type="checkbox"/> Blood Group AB	<input type="checkbox"/> Blood Group 0 <input type="checkbox"/> Blood Group A <input type="checkbox"/> Blood Group B <input type="checkbox"/> Blood Group AB
ABO4	ABO Rhesus Factor				<input type="checkbox"/> Rhesus positive <input type="checkbox"/> Rhesus negative	<input type="checkbox"/> Rhesus positive <input type="checkbox"/> Rhesus negative

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 4166-790) or by E-Mail (surveys@esfeqa.eu)