

Result Form for Survey Samples ANTI-THYR _____

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>).

Qualitative Results:

Program	Method-Key	Reagent-Key	Instrument-Key	Analyte	a			b		
					Positive	Border-line	Negative	Positive	Border-line	Negative
ANTI-THYR				anti-TG						
ANTI-THYR				anti-TPO						
ANTI-THYR				TRAb						

Quantitative Results:

Program	Analyte	Method-Key	Reagent-Key	Instrument-Key	Units	a Result	b Result
ANTI-THYR	anti-TG				<input type="checkbox"/> IU/mL <input type="checkbox"/> kIU/L		
ANTI-THYR	anti-TPO				<input type="checkbox"/> IU/mL <input type="checkbox"/> kIU/L		
ANTI-THYR	TRAb				<input type="checkbox"/> IU/mL <input type="checkbox"/> kIU/L		

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)