

Result Form for Survey Sample ASPAg _____

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 Result:

Program	Method	Reagent	Instrument	Analyte	a			b		
					positive	border-line	negative	positive	border-line	negative
ASPAg				Aspergillus Galactomannan Antigen						

Quantitative Result:

Program	Method	Reagent	Instrument	Analyte	Unit	a Result	b Result
ASPAg				Aspergillus Galactomannan Antigen, Index	<input type="checkbox"/> Index		
				Aspergillus Galactomannan Antigen, pg/mL	<input type="checkbox"/> pg/mL <input type="checkbox"/> ng/mL		

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 completed form to ESfEQA by Fax (+49 6221 4166-790) or by E-Mail (surveys@esfeqa.eu).