

## Result Form for Survey Sample CHA \_\_\_\_\_

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>).

Program	Method	Reagent	Instrument	Analyte	a			b		
					Positive	Border-line	Negative	Positive	Border-line	Negative
CHA				anti-Trypanosoma cruzi IgG						
				anti-Trypanosoma cruzi IgM						

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).**