

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

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 |
| CHIKV   |        |         |            | anti-Cikungunya IgG |          |             |          |          |             |          |
|         |        |         |            | anti-Cikungunya 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).**