

Result Form for Survey Sample CHT_2022_01

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: 16/05/2022

Program	Method-Key	Reagent-Key	Instrument-Key	Analyte	CHT_2022_01_a			CHT_2022_01_b		
					Positive	Border-line	Negative	Positive	Border-line	Negative
CHT				anti-Chlamydia trachomatis IgA						
				anti-Chlamydia trachomatis IgG						
				Anti-Chlamydia trachomatis 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 completed form to ESfEQA by Fax (+49 6221 4166-790) or by E-Mail (surveys@esfeqa.eu).