

## Result Form for Survey Samples COA12 \_\_\_\_\_

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	Analyte	Instrument	Method	Reagent	Unit	Sample a Result	Sample b Result
COA12	Antithrombin III				<input type="checkbox"/> % <input type="checkbox"/> U/ml		
COA12	Antithrombin III				<input type="checkbox"/> mg/l <input type="checkbox"/> g/l <input type="checkbox"/> mg/dl		
COA12	aPTT				<input type="checkbox"/> s		
COA12	D-Dimer FEU				<input type="checkbox"/> FEU mg/l <input type="checkbox"/> FEU µg/l <input type="checkbox"/> FEU µg/ml		
COA12	D-Dimer mg/l	----- discontinued -----					
COA12	Fibrinogen				<input type="checkbox"/> g/l <input type="checkbox"/> mg/ml <input type="checkbox"/> mg/dl		
COA12	Protein C				<input type="checkbox"/> % <input type="checkbox"/> IU/dl <input type="checkbox"/> IU/ml		
COA12	Protein S				<input type="checkbox"/> % <input type="checkbox"/> IU/dl <input type="checkbox"/> IU/ml		

Program	Analyte	Instrument	Method	Reagent	Unit	Sample a Result	Sample b Result
COA12	Prothrombin time				<input type="checkbox"/> s		
COA12	Prothrombin time				<input type="checkbox"/> % (Quick)		
COA12	Prothrombin time				<input type="checkbox"/> INR		

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)**