

Result Form for Survey Samples HCG _____

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-Key | Reagent-Key | Analyte | a | | |
|---------|------------|-------------|------------------------|----------|------------|----------|
| | | | | Positive | Borderline | Negative |
| HCG | | | hCG cut-off 5 IU/L | | | |
| HCG | | | hCG cut-off 10 IU/L | | | |
| HCG | | | hCG cut-off 20 IU/L | | | |

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)