

## Result Form for Survey Samples HEM5D4 \_\_\_\_\_

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	Method	Instrument	Unit	Sample a Result	Sample b Result
HEM5D4	BAS % (Basophiles)			<input type="checkbox"/> % <input type="checkbox"/> fraction		
HEM5D4	BAS (Basophiles)			<input type="checkbox"/> 10 <sup>9</sup> /L <input type="checkbox"/> 10 <sup>6</sup> /mL <input type="checkbox"/> 10 <sup>3</sup> /μL		
HEM5D4	EOS % (Eosinophiles)			<input type="checkbox"/> % <input type="checkbox"/> fraction		
HEM5D4	EOS (Eosinophiles)			<input type="checkbox"/> 10 <sup>9</sup> /L <input type="checkbox"/> 10 <sup>6</sup> /mL <input type="checkbox"/> 10 <sup>3</sup> /μL		
HEM5D4	HCT (Hematocrit)			<input type="checkbox"/> % <input type="checkbox"/> fraction		
HEM5D4	HGB (Hemoglobin)			<input type="checkbox"/> g/L <input type="checkbox"/> g/dL <input type="checkbox"/> mmol/L		
HEM5D4	LYMPH % (Lymphocytes)			<input type="checkbox"/> % <input type="checkbox"/> fraction		
HEM5D4	LYMPH (Lymphocytes)			<input type="checkbox"/> 10 <sup>9</sup> /L <input type="checkbox"/> 10 <sup>6</sup> /mL <input type="checkbox"/> 10 <sup>3</sup> /μL		
HEM5D4	MCH (Mean Corpuscular Hemoglobin)			<input type="checkbox"/> pg		

Program	Analyte	Method- Key	Instrument- Key	Unit	Sample a Result	Sample b Result
HEM5D4	MCHC (Mean Cellular Hemoglobin Concentration)			<input type="checkbox"/> g/L <input type="checkbox"/> g/dL <input type="checkbox"/> mmol/L		
HEM5D4	MCV (Mean Corpuscular Volume)			<input type="checkbox"/> $\mu\text{m}^3$ <input type="checkbox"/> fL		
HEM5D4	MONO % (Monocytes)			<input type="checkbox"/> % <input type="checkbox"/> fraction		
HEM5D4	MONO (Monocytes)			<input type="checkbox"/> $10^9/\text{L}$ <input type="checkbox"/> $10^6/\text{mL}$ <input type="checkbox"/> $10^3/\mu\text{L}$		
HEM5D4	MPV (Mean Platelet Volume)			<input type="checkbox"/> $\mu\text{m}^3$ <input type="checkbox"/> fL		
HEM5D4	NEUT % (Neutrophiles)			<input type="checkbox"/> % <input type="checkbox"/> fraction		
HEM5D4	NEUT (Neutrophiles)			<input type="checkbox"/> $10^9/\text{L}$ <input type="checkbox"/> $10^6/\text{mL}$ <input type="checkbox"/> $10^3/\mu\text{L}$		
HEM5D4	PDW % (Platelet Distribution Width)			<input type="checkbox"/> % <input type="checkbox"/> fraction		
HEM5D4	PDW fL (Platelet Distribution Width)			<input type="checkbox"/> fL		
HEM5D4	PLT (Platelets)			<input type="checkbox"/> $10^9/\text{L}$ <input type="checkbox"/> $10^6/\text{mL}$ <input type="checkbox"/> $10^6/\text{cm}^3$ <input type="checkbox"/> $10^3/\mu\text{L}$ <input type="checkbox"/> $10^3/\text{mm}^3$ <input type="checkbox"/> 1/nL		
HEM5D4	PCT (Plateletcrit)			<input type="checkbox"/> % <input type="checkbox"/> fraction		
HEM5D4	RBC (Red Blood Cells)			<input type="checkbox"/> $10^{12}/\text{L}$ <input type="checkbox"/> $10^9/\text{mL}$ <input type="checkbox"/> $10^9/\text{cm}^3$ <input type="checkbox"/> $10^6/\mu\text{L}$ <input type="checkbox"/> $10^3/\text{mm}^3$ <input type="checkbox"/> $10^3/\text{nL}$ <input type="checkbox"/> 1/pL		

Program	Analyte	Method- Key	Instrument- Key	Unit	Sample a Result	Sample b Result
HEM5D4	RDW % (RBC Distribution Width)			<input type="checkbox"/> % <input type="checkbox"/> fraction		
HEM5D4	RDW fL (RBC Distribution Width)			<input type="checkbox"/> fL		
HEM5D4	RET (Reticulocytes)			<input type="checkbox"/> $10^3/\mu\text{L}$ <input type="checkbox"/> $10^9/\text{L}$ <input type="checkbox"/> $10^6/\mu\text{L}$ <input type="checkbox"/> $10^6/\text{L}$		
HEM5D4	RET% (Reticulocytes)			<input type="checkbox"/> % <input type="checkbox"/> fraction		
HEM5D4	WBC (White Blood Cells)			<input type="checkbox"/> $10^9/\text{L}$ <input type="checkbox"/> $10^6/\text{mL}$ <input type="checkbox"/> $10^6/\text{cm}^3$ <input type="checkbox"/> $10^3/\mu\text{L}$ <input type="checkbox"/> $10^3/\text{mm}^3$ <input type="checkbox"/> 1/nL		

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)**