

Result Form for Survey Sample HTL _____

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 |
| HTL | | | | anti-HTLV I/II | | | | | | |

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).