

Result Form for Survey Samples MALM _____

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-Key	Instrument-Key	a Result	b Result
MALM	Parasite Detection			<input type="checkbox"/> present <input type="checkbox"/> absent	<input type="checkbox"/> present <input type="checkbox"/> absent
MALM	Species identification			<input type="checkbox"/> Plasmodium falciparum <input type="checkbox"/> Plasmodium malariae <input type="checkbox"/> Plasmodium ovale <input type="checkbox"/> Plasmodium vivax <input type="checkbox"/> no malaria parasite	<input type="checkbox"/> Plasmodium falciparum <input type="checkbox"/> Plasmodium malariae <input type="checkbox"/> Plasmodium ovale <input type="checkbox"/> Plasmodium vivax <input type="checkbox"/> no malaria parasite
MALM	Stage Identification			<input type="checkbox"/> Trophozoites <input type="checkbox"/> Gamteocytes <input type="checkbox"/> Schizonts <input type="checkbox"/> Trophozoites and Gametocytes <input type="checkbox"/> not applicable	<input type="checkbox"/> Trophozoites <input type="checkbox"/> Gamteocytes <input type="checkbox"/> Schizonts <input type="checkbox"/> Trophozoites and Gametocytes <input type="checkbox"/> not applicable

Program	Analyte	Method- Key	Instrument- Key	Unit	a Result	b Result
MALM	Plasmodium falciparum quant.			<input type="checkbox"/> Para- sites/ μ 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)