

Result Form for Survey Sample TMH4_2024_01

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>).

Deadline for Data Submission: 05/03/2024

Program	Analyte	Instrument-Key	Method-Key	Reagent-Key	Unit	TMH4_2024_01_a Result	TMH4_2024_01_b Result
TMH4	AFP				<input type="checkbox"/> kIU/l <input type="checkbox"/> ng/ml <input type="checkbox"/> IU/ml <input type="checkbox"/> µg/l		
TMH4	Aldosterone				<input type="checkbox"/> pmol/l <input type="checkbox"/> ng/l <input type="checkbox"/> pg/ml <input type="checkbox"/> ng/dl		
TMH4	AMH				<input type="checkbox"/> ng/ml <input type="checkbox"/> µg/l <input type="checkbox"/> pmol/l		
TMH4	Androstendione				<input type="checkbox"/> ng/ml <input type="checkbox"/> µg/l <input type="checkbox"/> nmol/l <input type="checkbox"/> mmol/l		
TMH4	CA 125				<input type="checkbox"/> kU/l <input type="checkbox"/> U/ml		
TMH4	CA 15-3				<input type="checkbox"/> kU/l <input type="checkbox"/> U/ml		
TMH4	CA 19-9				<input type="checkbox"/> kU/l <input type="checkbox"/> U/ml		
TMH4	Calcitonin				<input type="checkbox"/> pg/ml <input type="checkbox"/> ng/l <input type="checkbox"/> pmol/l		
TMH4	CEA				<input type="checkbox"/> µg/l <input type="checkbox"/> ng/ml		

Program	Analyte	Instrument- Key	Method- Key	Reagent- Key	Unit	TMH4_2024 _01_a Result	TMH4_2024 _01_b Result
TMH4	Cortisol				<input type="checkbox"/> nmol/l <input type="checkbox"/> pmol/ml <input type="checkbox"/> µg/l <input type="checkbox"/> µg/dl <input type="checkbox"/> ng/ml		
TMH4	C-Peptide				<input type="checkbox"/> nmol/l <input type="checkbox"/> ng/ml <input type="checkbox"/> ng/l <input type="checkbox"/> µg/l <input type="checkbox"/> pmol/ml <input type="checkbox"/> pmol/l		
TMH4	DHEA-S				<input type="checkbox"/> µmol/l <input type="checkbox"/> mmol/ml <input type="checkbox"/> µg/dl <input type="checkbox"/> µg/l <input type="checkbox"/> µg/ml <input type="checkbox"/> ng/dl <input type="checkbox"/> ng/ml		
TMH4	Estradiol				<input type="checkbox"/> pmol/l <input type="checkbox"/> ng/l <input type="checkbox"/> pg/ml <input type="checkbox"/> nmol/l		
TMH4	Ferritin				<input type="checkbox"/> µg/l <input type="checkbox"/> U/ml <input type="checkbox"/> ng/ml		
TMH4	Folate				<input type="checkbox"/> nmol/l <input type="checkbox"/> pmol/ml <input type="checkbox"/> ng/ml		
TMH4	FSH				<input type="checkbox"/> IU/l <input type="checkbox"/> mIU/ml		
TMH4	hCG				<input type="checkbox"/> IU/l <input type="checkbox"/> mIU/l <input type="checkbox"/> mIU/ml <input type="checkbox"/> µg/l		
TMH4	Homocys- teine				<input type="checkbox"/> µmol/l <input type="checkbox"/> mg/l		

Program	Analyte	Instrument- Key	Method- Key	Reagent- Key	Unit	TMH4_2024 _01_a Result	TMH4_2024 _01_b Result
TMH4	Human Growth Hormone				<input type="checkbox"/> ng/ml <input type="checkbox"/> µg/l <input type="checkbox"/> mIU		
TMH4	IgE				<input type="checkbox"/> IU/ml <input type="checkbox"/> kIU/l <input type="checkbox"/> ng/ml <input type="checkbox"/> µg/l <input type="checkbox"/> mg/l		
TMH4	Insulin				<input type="checkbox"/> pmol/l <input type="checkbox"/> mU/l <input type="checkbox"/> µIU/ml <input type="checkbox"/> µU/ml		
TMH4	LH				<input type="checkbox"/> mIU/ml <input type="checkbox"/> IU/l		
TMH4	Methylma- lonic Acid				<input type="checkbox"/> nmol/l <input type="checkbox"/> µg/l		
TMH4	Pro- gesterone				<input type="checkbox"/> nmol/l <input type="checkbox"/> pmol/ml <input type="checkbox"/> µg/l <input type="checkbox"/> ng/ml		
TMH4	Prolactin				<input type="checkbox"/> mIU/l <input type="checkbox"/> µg/l <input type="checkbox"/> ng/ml		
TMH4	PSA free				<input type="checkbox"/> µg/l <input type="checkbox"/> ng/ml		
TMH4	PSA total				<input type="checkbox"/> µg/l <input type="checkbox"/> ng/ml		
TMH4	PTH				<input type="checkbox"/> ng/l <input type="checkbox"/> pg/ml <input type="checkbox"/> pmol/l		
TMH4	SHBG				<input type="checkbox"/> nmol/l <input type="checkbox"/> pmol/ml <input type="checkbox"/> mg/l <input type="checkbox"/> µg/ml		
TMH4	T3 free				<input type="checkbox"/> pmol/l <input type="checkbox"/> ng/l <input type="checkbox"/> pg/ml		

Program	Analyte	Instrument- Key	Method- Key	Reagent- Key	Unit	TMH4_2024 _01_a Result	TMH4_2024 _01_b Result
TMH4	T3 total				<input type="checkbox"/> nmol/l <input type="checkbox"/> pmol/ml <input type="checkbox"/> pmol/l <input type="checkbox"/> µg/l <input type="checkbox"/> ng/ml <input type="checkbox"/> ng/dl		
TMH4	T4 free				<input type="checkbox"/> pmol/l <input type="checkbox"/> ng/l <input type="checkbox"/> ng/dl <input type="checkbox"/> pg/ml		
TMH4	T4 total				<input type="checkbox"/> nmol/l <input type="checkbox"/> pmol/ml <input type="checkbox"/> pmol/l <input type="checkbox"/> µg/l <input type="checkbox"/> ng/ml <input type="checkbox"/> ng/dl <input type="checkbox"/> µg/dl		
TMH4	Testo- sterone				<input type="checkbox"/> nmol/l <input type="checkbox"/> pmol/ml <input type="checkbox"/> ng/ml <input type="checkbox"/> ng/dl		
TMH4	Thyreo- globulin				<input type="checkbox"/> µg/l <input type="checkbox"/> ng/ml		
TMH4	TSH				<input type="checkbox"/> mU/l <input type="checkbox"/> mIU/l <input type="checkbox"/> µIU/ml		
TMH4	Vitamin B12				<input type="checkbox"/> pmol/l <input type="checkbox"/> ng/l <input type="checkbox"/> pg/ml		
TMH4	Vitamin D				<input type="checkbox"/> nmol/l <input type="checkbox"/> pmol/ml <input type="checkbox"/> µg/l <input type="checkbox"/> ng/ml		

Program	Analyte	Instrument- Key	Method- Key	Reagent- Key	Unit	TMH4_2024 _01_a Result	TMH4_2024 _01_b Result
TMH4	17-OH Progesterone				<input type="checkbox"/> nmol/l <input type="checkbox"/> pmol/ml <input type="checkbox"/> µg/l <input type="checkbox"/> ng/ml		

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)