

Result Form for Survey Sample VZV _____

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>).

Qualitative Results:

Program	Method	Reagent	Instrument	Analyte	VZV sample c result			VZV sample d result		
					Positive	Border-line	Negative	Positive	Border-line	Negative
VZV				anti-Varicella Zoster Virus IgA						
VZV				anti-Varicella Zoster Virus IgG						
VZV				anti-Varicella Zoster Virus IgM						

Quantitative Results:

Program	Analyte	Method	Reagent	Instrument	Unit *	VZV sample c Result	VZV sample d Result
VZV	IgA				<input type="checkbox"/> AU/mL		
VZV	IgG				<input type="checkbox"/> IU/L <input type="checkbox"/> mIU/mL		
VZV	IgM				<input type="checkbox"/> AU/mL		

*AU=Arbitrary Units

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)