Result Form for Survey Samples ABO _____

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	Reagent	Instrument	a Result	b Result
ABO	ABO Blood Group				○ Blood Group 0 ○ Blood Group A ○ Blood Group B ○ Blood Group AB	○ Blood Group 0 ○ Blood Group A ○ Blood Group B ○ Blood Group AB
ABO	ABO Rhesus Factor				○ Rhesus positive ○ Rhesus negative	○ Rhesus positive ○ Rhesus negative

_____ _____

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)