Result Form for Survey Samples BILI-N _____

Laboratory Name: _____

Lab Client Code: _____

Country: _____

Please use this fax form for data submission only if you cannot submit the data online (https://teqa.esfeqa.eu).

Program	Analyte	Instrument-Key	Method-Key	Unit	a Result	b Result
BILI-N	Bilirubin-direct			☐ µmol/L ☐ mg/dL ☐ g/L ☐ mmol/L		
BILI-N	Bilirubin-total			☐ µmol/L ☐ mg/dL ☐ g/L ☐ mmol/L		
BILI-N	Bilirubin-conjugated (Bc)			☐ µmol/L ☐ mg/dL ☐ g/L ☐ mmol/L		
BILI-N	Bilirubin-unconjugated (Bu)			☐ µmol/L ☐ mg/dL ☐ g/L ☐ mmol/L		

*The unit shall be selected by checking one box.

_____ _____

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)