Result Form for Survey Sample CC4 _____

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	Instrument-Key	Method-Key	Reagent-Key	Unit	a Result	b Result
CC4	Acid Phosphatase				◯ U/l ◯ µkat/l		
CC4	Albumin				◯ g/l ◯ g/dl ◯ mg/dl		
CC4	ALP				◯ U/l ◯ µkat/l		
CC4	ALT/GPT				◯ U/l ◯ µkat/l		
CC4	Amylase				◯ U/l ◯ µkat/l		
CC4	AST/GOT				◯ U/l ◯ µkat/l		
CC4	Bilirubin-direct				◯ g/l ◯ mg/dl ◯ mmol/l ◯ µmol/l		
CC4	Bilirubin-total				◯ g/l ◯ mg/dl ◯ mmol/l ◯ µmol/l		
CC4	Calcium, total				◯ g/l ◯ mg/dl ◯ mg/l ◯ mmol/l		

Program	Analyte	Instrument-Key	Method-Key	Reagent-Key	Unit	a Result	b Result
CC4	Calcium, ionized				○ g/l ○ mg/dl ○ mmol/l		
CC4	CHE				○ mU/ml ○ kU/l ○ U/l ○ µkat/l		
CC4	Chloride				○ g/l ○ mg/dl ○ mg/l ○ mmol/l		
CC4	Cholesterol				○ g/l ○ mg/dl ○ mmol/l		
CC4	CK				○ U/l ○ µkat/l		
CC4	Creatinine				○ g/l ○ mg/l ○ mg/dl ○ µmol/l		
CC4	γ-GT				○ U/l ○ µkat/l		
CC4	Glucose				○ g/l ○ mg/dl ○ mmol/l		
CC4	HDL Cholesterol				○ g/l ○ mg/dl ○ mmol/l		
CC4	Iron				○ µg/dl ○ µmol/l ○ mg/l		
CC4	Lactate				○ mg/dl ○ mmol/l		
CC4	LDH				○ U/l ○ µkat/l		

Program	Analyte	Instrument-Key	Method-Key	Reagent-Key	Unit	a Result	b Result
CC4	LDL Cholesterol				○ g/l ○ mg/dl ○ mmol/l		
CC4	Lipase				○ U/l ○ µkat/l		
CC4	Lithium				○ mg/dl ○ mmol/l		
CC4	Magnesium				○ g/l ○ mg/dl ○ mg/l ○ mmol/l		
CC4	pancr. Amylase				○ U/l ○ µkat/l		
CC4	Phosphate				○ g/l ○ mg/dl ○ mg/l ○ mmol/l		
CC4	Potassium				○ g/l ○ mg/dl ○ mg/l ○ mmol/l		
CC4	Sodium				○ g/l ○ mg/dl ○ mg/l ○ mmol/l		
CC4	TIBC				○ µmol/l ○ µg/dl ○ mg/l		
CC4	Total Protein				○ g/l ○ g/dl ○ mg/dl		
CC4	Triglycerides				○ g/l ○ mmol/l ○ mg/dl		
CC4	UIBC				○ µg/dl ○ µmol/l		

Program	Analyte	Instrument-Key	Method-Key	Reagent-Key	Unit	a Result	b Result
CC4	Urea				○ g/l ○ g/l Urea N ○ mg/dl ○ mg/dl Urea N ○ mmol/l		
CC4	Uric Acid				○ g/l ○ mg/dl ○ mg/l ○ mmol/l ○ µmol/l		
CC4	Zinc				○ µg/dl ○ µmol/l		
CC4	Copper				○ µg/dl ○ µmol/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)