

Result Form for Survey Sample ASF _____

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	a			b		
					Positive	Border-line	Negative	Positive	Border-line	Negative
ASF				IgA						
ASF				IgG						
ASF				IgM						
ASF				total (CFT)						

Quantitative Results:

Program	Analyte	Method	Reagent	Instrument	Unit *	a Result	b Result
ASF	IgA				AU/ml		
ASF	IgG				AU/ml		
ASF	IgM				AU/ml		

*AU=Arbitrary Units

Program	Analyte	Method	Reagent	Instrument	Unit *	a Result	b Result
ASF	total				Titer	☐ <1:10 ☐ 1:10 ☐ 1:20 ☐ 1:40 ☐ 1:80 ☐ 1:160 ☐ 1:320 ☐ 1:640 ☐ 1:1280 ☐ >1:1280	☐ <1:10 ☐ 1:10 ☐ 1:20 ☐ 1:40 ☐ 1:80 ☐ 1:160 ☐ 1:320 ☐ 1:640 ☐ 1:1280 ☐ >1:1280

*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 completed form to ESfEQA by Fax (+49 6221 4166-790) or by E-Mail (surveys@esfeqa.eu).