

Result Form for Survey Sample BRU _____

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	Instrument	Reagent	Analyte	a			b		
					Positive	Border-line	Negative	Positive	Border-line	Negative
BRU				IgA						
BRU				IgG						
BRU				IgM						
BRU				agglut. antibodies						

Quantitative Results:

Program	Analyte	Method	Instrument	Reagent	Unit	a Result	b Result
BRU	IgA				AU/ml		
BRU	IgG				AU/ml		
BRU	IgM				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).

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