Result Form for Survey Sample CC2 _____

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	Method	Reagent	Unit	Sample a Result	Sample b Result
CC2	Acid Phosphatase				◯ U/l ◯ µkat/l		
CC2	Albumin				◯ g/l ◯ g/dl ◯ mg/dl		
CC2	ALP				◯ U/l ◯ µkat/l		
CC2	ALT/GPT				◯ U/l ◯ µkat/l		
CC2	Amylase				◯ U/l ◯ µkat/l		
CC2	AST/GOT				◯ U/l ◯ µkat/l		
CC2	Bilirubin-direct				◯ g/l ◯ mg/dl ◯ mmol/l ◯ µmol/l		
CC2	Bilirubin-total				◯ g/l ◯ mg/dl ◯ mmol/l ◯ µmol/l		
CC2	Calcium, total				◯ g/l ◯ mg/dl ◯ mg/l ◯ mmol/l		

Program	Analyte	Instrument	Method	Reagent	Unit	Sample a Result	Sample b Result
CC2	Calcium, ionized				○ g/l ○ mg/dl ○ mmol/l		
CC2	CHE				○ mU/ml ○ kU/l ○ U/l ○ µkat/l		
CC2	Chloride				○ g/l ○ mg/dl ○ mg/l ○ mmol/l		
CC2	Cholesterol				○ g/l ○ mg/dl ○ mmol/l		
CC2	CK				○ U/l ○ µkat/l		
CC2	Creatinine				○ g/l ○ mg/l ○ mg/dl ○ µmol/l		
CC2	γ-GT				○ U/l ○ µkat/l		
CC2	Glucose				○ g/l ○ mg/dl ○ mmol/l		
CC2	HDL Cholesterol				○ g/l ○ mg/dl ○ mmol/l		
CC2	Iron				○ µg/dl ○ µmol/l ○ mg/l		
CC2	Lactate				○ mg/dl ○ mmol/l		
CC2	LDH				○ U/l ○ µkat/l		

Program	Analyte	Instrument	Method	Reagent	Unit	Sample a Result	Sample b Result
CC2	LDL Cholesterol				○ g/l ○ mg/dl ○ mmol/l		
CC2	Lipase				○ U/l ○ µkat/l		
CC2	Lithium				○ mg/dl ○ mmol/l		
CC2	Magnesium				○ g/l ○ mg/dl ○ mg/l ○ mmol/l		
CC2	pancr. Amylase				○ U/l ○ µkat/l		
CC2	Phosphate				○ g/l ○ mg/dl ○ mg/l ○ mmol/l		
CC2	Potassium				○ g/l ○ mg/dl ○ mg/l ○ mmol/l		
CC2	Sodium				○ g/l ○ mg/dl ○ mg/l ○ mmol/l		
CC2	TIBC				○ µmol/l ○ µg/dl ○ mg/l		
CC2	Total Protein				○ g/l ○ g/dl ○ mg/dl		
CC2	Triglycerides				○ g/l ○ mmol/l ○ mg/dl		
CC2	UIBC				○ µg/dl ○ µmol/l		

Program	Analyte	Instrument	Method	Reagent	Unit	Sample a Result	Sample b Result
CC2	Urea				○ g/l ○ g/l Urea N ○ mg/dl ○ mg/dl Urea N ○ mmol/l		
CC2	Uric Acid				○ g/l ○ mg/dl ○ mg/l ○ mmol/l ○ µmol/l		
CC2	Zinc				○ µg/dl ○ µmol/l		
CC2	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)