Result Form for Survey Sample CHA_____

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	Sample a			Sample b		
					Positive	Border-line	Negative	Positive	Border-line	Negative
CHA				anti-Trypanosoma cruzi IgG	○	○	○	○	○	○
CHA				anti-Trypanosoma cruzi IgM	○	○	○	○	○	○
CHA				anti-Trypanosoma cruzi total Ab	○	○	○	○	○	○

Quantitative Results:

Program	Analyte	Method	Reagent	Instrument	Unit	Sample a Result	Sample b Result
CHA	anti-Trypanosoma cruzi IgG				○ RE/ml ○ S/CO ○ COI ○ Index ○ Ratio		
CHA	anti-Trypanosoma cruzi total Ab				○ S/CO ○ COI ○ Index ○ Ratio		

_____ _____

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 E-Mail (surveys@esfeqa.eu) or, if not possible by Fax (+49 6221 4166-790).**