Result Form for Survey Samples COA4 _____

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
COA4	Antithrombin III				○ % ○ U/ml		
COA4	Antithrombin III				○ mg/l ○ g/l ○ mg/dl		
COA4	aPTT				○ s		
COA4	D-Dimer FEU				○ FEU mg/l ○ FEU µg/l ○ FEU µg/ml		
COA4	D-Dimer mg/l	---------- d i s c o n t i n u e d ----------					
COA4	Fibrinogen				○ g/l ○ mg/ml ○ mg/dl		
COA4	Protein C				○ % ○ IU/dl ○ IU/ml		
COA4	Protein S				○ % ○ IU/dl ○ IU/ml		

Program	Analyte	Instrument	Method	Reagent	Unit	Sample a Result	Sample b Result
COA4	Prothrombin time				○ s		
COA4	Prothrombin time				○ % (Quick)		
COA4	Prothrombin time				○ INR		

_____ _____

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)