Result Form for Survey Sample COX _____

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
COX				IgA	○	○	○	○	○	○
COX				IgG	○	○	○	○	○	○
COX				IgM	○	○	○	○	○	○

Quantitative Results:

Program	Analyte	Method	Reagent	Instrument	Unit *	a Result	b Result
COX	IgA				AU/ml		
COX	IgG				AU/ml		
COX	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 completed form to ESfEQA by Fax (+49 6221 4166-790) or by E-Mail (surveys@esfeqa.eu).