Result Form for Survey Samples CSF2 _____

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
CSF2	Albumin				○ mg/l		
CSF2	Chloride				○ mmol/l ○ mg/dl		
CSF2	Glucose				○ mmol/l ○ mg/dl		
CSF2	IgA				○ mg/l ○ mg/dl		
CSF2	IgG				○ mg/l ○ mg/dl ○ g/l		
CSF2	IgM				○ mg/l ○ mg/dl		
CSF2	Lactate				○ mmol/l ○ mg/dl		
CSF2	LDH				○ U/l ○ µkat/l		
CSF2	Sodium				○ mmol/l ○ mg/dl		

Program	Analyte	Instrument	Method	Reagent	Unit	Sample a Result	Sample b Result
CSF2	Total Protein				○ mg/l ○ mg/dl ○ mg/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)