Result Form for Survey Samples CSF4 _____

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-Key	Method-Key	Reagent-Key	Unit	a Result	b Result
CSF4	Albumin				○ mg/l		
CSF4	Chloride				○ mmol/l ○ mg/dl		
CSF4	Glucose				○ mmol/l ○ mg/dl		
CSF4	IgA				○ mg/l ○ mg/dl		
CSF4	IgG				○ mg/l ○ mg/dl ○ g/l		
CSF4	IgM				○ mg/l ○ mg/dl		
CSF4	Lactate				○ mmol/l ○ mg/dl		
CSF4	LDH				○ U/l ○ µkat/l		
CSF4	Sodium				○ mmol/l ○ mg/dl		

Program	Analyte	Instrument-Key	Method-Key	Reagent-Key	Unit	a Result	b Result
CSF4	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)