

Result Form for Survey Samples EBV _____

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	Method- Key	Reagent- Key	Instrument- Key	Analyte	a			b		
					Positive	Border- line	Negative	Positive	Border- line	Negative
EBV				anti-EBV EBNA IgG						
				anti-EBV VCA IgG						
				anti-EBV VCA IgM						

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)