

Result Form for Survey Sample ECH _____

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
ECH				IgA						
ECH				IgG						
ECH				IgM						

Quantitative Results:

Program	Analyte	Method	Reagent	Instrument	Unit *	a Result	b Result
ECH	IgA				AU/ml		
ECH	IgG				AU/ml		
ECH	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).