Result Form for Survey FOB _____

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	Analyte	Method	Reagent (required)	Instrument	a			b		
					positive	border-line	negative	positive	border-line	negative
FOB	FOB cut-off 50 µg/L				○	○	○	○	○	○

Quantitative Results:

Program	Analyte	Method (required)	Reagent (required)	Instrument (required)	Unit	a Result	b Result
FOB	Hemo-globin (FOB)				○ µg/l ○ ng/ml ○ 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).