

Result Form for Survey Samples GHB12_____

Laboratory Name: _____

Lab Client Code: _____

Country: _____

Please use this result form for data submission only if you cannot submit the data online (<https://tega.esfeqa.eu>).

Program	Analyte	Method	Instrument	Unit	Result
GHB	HbA1c			☐ mmol/mol ☐ % IFCC ☐ % NGSP	

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 E-Mail (surveys@esfeqa.eu) or, if not possible, send by Fax (+49 6221 4166-790).