Result Form for Survey Samples GHB4_____

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	Method	Instrument	Unit	a Result	b 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).