

Result Form for Survey Samples HAV _____

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
HAV				anti-HAV IgG + total						
				anti-HAV 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)**