

Result Form for Survey Sample HCVM _____

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-Key	Reagent-Key	Instrument-Key	Analyte	a			b		
					Positive	Border-line	Negative	Positive	Border-line	Negative
HCVM				HCV RNA						

Program	Method-Key	Reagent-Key	Instrument-Key	Analyte	c		
					Positive	Border-line	Negative
HCVM				HCV RNA			

Quantitative Results:

Program	Analyte	Method-Key	Reagent-Key	Instrument-Key	Unit	a Result	b Result
HCVM	HCV RNA				Log10 IU/mL		

Program	Analyte	Method-Key	Reagent-Key	Instrument-Key	Unit	c Result
HCVM	HCV RNA				Log10 IU/mL	

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)