

Result Form for Survey Samples HEV _____

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	Reagent	Instrument	Analyte	a			b		
					Positive	Border-line	Negative	Positive	Border-line	Negative
HEV				anti-HEV IgG						
HEV				anti-HEV IgM						

Quantitative Results:

Program	Analyte	Method	Reagent	Instrument	Units	a Result	b Result
HEV	anti-HEV IgG				☐ S/Co		
HEV	anti-HEV IgG				☐ U/ml ☐ IU/ml		
HEV	anti-HEV IgM				☐ S/Co		
HEV	anti-HEV IgM				☐ U/ml ☐ 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)