Result Form for Survey Sample HIVM _____

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
HIVM				HIV RNA	○	○	○	○	○	○

Program	Method-Key	Reagent-Key	Instrument-Key	Analyte	c		
					Positive	Border-line	Negative
HIVM				HIV RNA	○	○	○

Quantitative Results:

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

Program	Analyte	Method-Key	Reagent-Key	Instrument-Key	Unit	c Result
HIVM	HIV 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)