Result Form for Survey Sample INB _____

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
INB				IgA	○	○	○	○	○	○
INB				IgG	○	○	○	○	○	○
INB				IgM	○	○	○	○	○	○
INB				total (CFT)	○	○	○	○	○	○

Quantitative Results:

Program	Analyte	Method	Reagent	Instrument	Unit *	a Result	b Result
INB	IgA				AU/ml		
INB	IgG				AU/ml		
INB	IgM				AU/ml		

*AU=Arbitrary Units

Program	Analyte	Method	Reagent	Instrument	Unit *	a Result	b Result
INB	total				Titer	○ <1:10 ○ 1:10 ○ 1:20 ○ 1:40 ○ 1:80 ○ 1:160 ○ 1:320 ○ 1:640 ○ 1:1280 ○ >1:1280	○ <1:10 ○ 1:10 ○ 1:20 ○ 1:40 ○ 1:80 ○ 1:160 ○ 1:320 ○ 1:640 ○ 1:1280 ○ >1:1280

*AU=Arbitrary Units

_____ _____

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).