

Result Form for Survey Samples INF12 _____

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
INF12				anti-HBc						
				anti-HCV						
				Anti-HIV 1/2						
				HBsAg						

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)