

Result Form for Survey Samples INF2 _____

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	Reagent	Instrument	Analyte	Sample a			Sample b		
					Positive	Border-line	Negative	Positive	Border-line	Negative
INF2				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)**