Result Form for Survey Samples INF4 _____

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
INF4				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)