ESfEQA
European Society for
External Quality Assessment

Result Form for Survey Sample LEP _____

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	LEP result sample a			LEP result sample b		
					Positive	Border-line	Negative	Positive	Border-line	Negative
LEP				IgG	○	○	○	○	○	○
LEP				IgM	○	○	○	○	○	○
LEP				total (CFT)	○	○	○	○	○	○

Quantitative Results:

Program	Analyte	Method	Reagent	Instrument	Unit *	LEP sample a Result	LEP sample b Result
LEP	IgG				AU/ml		
LEP	IgM				AU/ml		

*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).