

Result Form for Survey Samples OX12 _____

Laboratory Name: _____

Lab Client Code: _____

Country: _____

Please use this fax form for data submission only if you cannot submit the data online
(<https://teqa.esfeqa.eu>).

Program	Analyte	Method	Instrument	Unit*	Sample a Result	Sample b Result
OX12	Oxyhemoglobin (O ₂ Hb)			%		
OX12	Deoxyhemoglobin (HHb)			%		
OX12	Carboxyhemoglobin (COHb)			%		
OX12	Methemoglobin (MetHb)			%		
OX12	Total Hemoglobin (tHb)			☐ g/L ☐ g/dL ☐ mmol/L		

*The unit shall be selected by checking one box.

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)**