ESfEQA
European Society for
External Quality Assessment

Result Form for Survey Samples OXI4 _____

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-Key	Instrument-Key	Unit*	a Result	b Result
OXI4	Oxyhemoglobin (O_2Hb)			%		
OXI4	Deoxyhemoglobin (HHb)			%		
OXI4	Carboxyhemoglobin (COHb)			%		
OXI4	Methemoglobin (MetHb)			%		
OXI4	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)