

Result Form for Survey Sample PIN _____

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	PIN sample a			PIN sample b		
					Positive	Border-line	Negative	Positive	Border-line	Negative
PIN				IgA						
PIN				IgG						
PIN				IgM						
PIN				total (CFT)						

Quantitative Results:

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

*AU=Arbitrary Units

Program	Analyte	Method	Reagent	Instrument	Unit *	PIN sample a Result	PIN sample b Result
PIN	total				Titer	☐ <1:10 ☐ 1:10 ☐ 1:20 ☐ 1:40 ☐ 1:80 ☐ 1:160 ☐ 1:320 ☐ 1:640 ☐ 1:1280 ☐ >1:1280	☐ <1:10 ☐ 1:10 ☐ 1:20 ☐ 1:40 ☐ 1:80 ☐ 1:160 ☐ 1:320 ☐ 1:640 ☐ 1:1280 ☐ >1:1280

*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).