

Result Form for Survey Sample TBEV-M-AI _____

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	TBEV-M-AI sample Result			
					non-pathologic	border-line	pathologic	im-plausibel
TBEV-M-AI				TBEV IgM Antibody Index, qualitative				

Quantitative Result:

Program	Method	Reagent	Instrument	Analyte	TBEV-M-AI sample Result (no unit)
TBEV-M-AI				TBEV IgM Antibody Index, quantitative	

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 completed form to ESfEQA by Fax (+49 6221 4166-790) or by E-Mail (surveys@esfeqa.eu).