Result Form for Survey Samples TDM _____

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).

Program	Analyte	Method-Key	Instrument-Key	Unit	a Result	b Result
TDM	Amikacin			○ mg/l ○ µg/ml ○ µmol/l		
TDM	Carbama-zepine			○ mg/l ○ µg/ml ○ µmol/l		
TDM	Chinidine			○ mg/l ○ µg/ml ○ µmol/l		
TDM	Chlor-amphenicol			○ mg/l ○ µg/ml ○ µmol/l		
TDM	Digoxin			○ µg/l ○ ng/ml ○ nmol/l		
TDM	Disopyra-mide			○ mg/l ○ µg/ml ○ µmol/l		
TDM	Ethosuximid			○ mg/l ○ µg/ml ○ µmol/l		
TDM	Gentamicin			○ mg/l ○ µg/ml ○ µmol/l		

Program	Analyte	Method-Key	Instrument-Key	Unit	a Result	b Result
TDM	Lidocain			○ mg/l ○ µg/ml ○ µmol/l		
TDM	NAPA			○ mg/l ○ µg/ml ○ µmol/l		
TDM	Paracetamol			○ mg/l ○ µg/ml ○ µmol/l		
TDM	Pheno-barbital			○ mg/l ○ µg/ml ○ µmol/l		
TDM	Phenytoin			○ mg/l ○ µg/ml ○ µmol/l		
TDM	Primidone			○ mg/l ○ µg/ml ○ µmol/l		
TDM	Procain-amide			○ mg/l ○ µg/ml ○ µmol/l		
TDM	Salicylate			○ mg/l ○ µg/ml ○ µmol/l ○ mmol/l		
TDM	Theophylline			○ mg/l ○ µg/ml ○ µmol/l		
TDM	Tobramycin			○ mg/l ○ µg/ml ○ µmol/l		
TDM	Valproic Acid			○ mg/l ○ µg/ml ○ µmol/l		

Program	Analyte	Method-Key	Instrument-Key	Unit	a Result	b Result
TDM	Vancomycin			○ mg/l ○ µg/ml ○ µmol/l		

_____ _____

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)