Result Form for Survey Sample ZIKV_____

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	Method	Reagent	Instrument	Analyte	ZIKV sample a			ZIKV sample b		
					Positive	Border-line	Negative	Positive	Border-line	Negative
ZIKV				anti-ZIKA IgG	○	○	○	○	○	○
				anti-ZIKA IgM	○	○	○	○	○	○

_____ _____

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).