

Result Form for Survey Samples HEM3D _____

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
HEM3D	GRAN (Granulocytes)			☐ 10 ⁹ /L ☐ 10 ⁶ /mL ☐ 10 ³ /μL		
HEM3D	GRAN % (Granulocytes)			☐ % ☐ fraction		
HEM3D	HCT (Hematocrit)			☐ % ☐ fraction		
HEM3D	HGB (Hemoglobin)			☐ g/L ☐ g/dL ☐ mmol/L		
HEM3D	LYMPH (Lymphocytes)			☐ 10 ⁹ /L ☐ 10 ⁶ /mL ☐ 10 ³ /μL		
HEM3D	LYMPH % (Lymphocytes)			☐ % ☐ fraction		
HEM3D	MCH (Mean Corpuscular Hemoglobin)			☐ pg		
HEM3D	MCHC (Mean Cellular Hemoglobin Concentration)			☐ g/L ☐ g/dL ☐ mmol/L		
HEM3D	MCV (Mean Corpuscular Volume)			☐ μm ³ ☐ fL		
HEM3D	MID			☐ 10 ⁹ /L ☐ 10 ⁶ /mL ☐ 10 ³ /μL		

Program	Analyte	Method- Key	Instrument- Key	Unit	a Result	b Result
HEM3D	MID %			☐ % ☐ fraction		
HEM3D	MONO (Monocytes)			☐ $10^9/L$ ☐ $10^6/mL$ ☐ $10^3/\mu L$		
HEM3D	MONO % (Monocytes)			☐ % ☐ fraction		
HEM3D	MPV (Mean Platelet Volume)			☐ μm^3 ☐ fL		
HEM3D	MXD			☐ $10^9/L$ ☐ $10^6/mL$ ☐ $10^3/\mu L$		
HEM3D	MXD %			☐ % ☐ fraction		
HEM3D	NEUT (Neutrophiles)			☐ $10^9/L$ ☐ $10^6/mL$ ☐ $10^3/\mu L$		
HEM3D	NEUT % (Neutrophiles)			☐ % ☐ fraction		
HEM3D	PCT (Plateletcrit)			☐ % ☐ fraction		
HEM3D	PLT (Platelets)			☐ $10^9/L$ ☐ $10^6/mL$ ☐ $10^6/cm^3$ ☐ $10^3/\mu L$ ☐ $10^3/mm^3$ ☐ 1/nL		
HEM3D	RBC (Red Blood Cells)			☐ $10^{12}/L$ ☐ $10^9/mL$ ☐ $10^9/cm^3$ ☐ $10^6/\mu L$ ☐ $10^3/mm^3$ ☐ $10^3/nL$ ☐ 1/pL		
HEM3D	RDW (RBC Distribution Width)			☐ % ☐ fraction		

Program	Analyte	Method-Key	Instrument-Key	Unit	a Result	b Result
HEM3D	RDW (RBC Distribution Width)			☐ fl ☐		
HEM3D	WBC (White Blood Cells)			☐ 10 ⁹ /L ☐ 10 ⁶ /mL ☐ 10 ⁶ /cm ³ ☐ 10 ³ /μL ☐ 10 ³ /mm ³ ☐ 1/nL		
HEM3D	PDW CV (Platelet distribution width)			☐ %		
HEM3D	PDW SD (Platelet distribution width)			☐ fl		

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)