Result Form for Survey Sample CM-POCT12 _____

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).

Quantitative analytes:

Program	Analyte	Method	Instrument	Unit	Result
CM-POCT12	BNP			☐ ng/l ☐ pg/ml	
CM-POCT12	CK-MB (Activity)			☐ U/l ☐ µkat/l	
CM-POCT12	CK-MB (Mass)			☐ ng/ml ☐ µg/l	
CM-POCT12	Myoglobin			☐ µg/l ☐ ng/ml	
CM-POCT12	NT-proBNP			☐ pg/ml ☐ ng/l ☐ pmol/l	
CM-POCT12	Troponin I			☐ ng/l ☐ ng/ml ☐ pg/ml ☐ µg/l	
CM-POCT12	Troponin T			☐ ng/l ☐ ng/ml ☐ pg/ml ☐ µg/l	

Qualitative analytes:

Program	Method	Reagent	Instrument	Analyte	a		
					Rule-in	Borderline	Rule-out
CM-POCT12				BNP (cut off 400 pg/mL)			
CM-POCT12				CK-MB (Activity) (cut-off 25 U/L)			
CM-POCT12				CK-MB (Mass) (cut-off 5 ng/mL)			
CM-POCT12				CK-MB (Mass) (cut-off 10 ng/mL)			
CM-POCT12				NT proBNP (cut off 450 pg/mL)			
CM-POCT12				Myoglobin (cut-off 50 ng/mL)			
CM-POCT12				Myoglobin (cut-off 80 ng/mL)			
CM-POCT12				Troponin I (cut-off 80 ng/L)			
CM-POCT12				Troponin I (cut-off 300 ng/L)			
CM-POCT12				Troponin T (cut-off 52 ng/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 E-Mail (surveys@esfeqa.eu) or by Fax (+49 6221 4166790) in case E-mail is not possible.