Result Form for Survey Sample CM-POCT2 _____

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	Sample a	Sample b
CM-POCT2	BNP			◯ ng/l ◯ pg/ml		
CM-POCT2	CK-MB (Activity)			◯ U/l ◯ µkat/l		
CM-POCT2	CK-MB (Mass)			◯ ng/ml ◯ µg/l		
CM-POCT2	Myoglobin			◯ µg/l ◯ ng/ml		
CM-POCT2	NT-proBNP			◯ pg/ml ◯ ng/l ◯ pmol/l		
CM-POCT2	Troponin I			◯ ng/l ◯ ng/ml ◯ pg/ml ◯ µg/l		
CM-POCT2	Troponin T			◯ ng/l ◯ ng/ml ◯ pg/ml ◯ µg/l		

Qualitative analytes: Bd = Borderline

Program	Method	Reagent	Instrument	Analyte	a			b		
					Rule-in	Bd*	Rule-out	Rule-in	Bd*	Rule-out
CM-POCT2				BNP (cut off 400 pg/mL)						
CM-POCT2				CK-MB (Activity) (cut-off 25 U/L)						
CM-POCT2				CK-MB (Mass) (cut-off 5 ng/mL)						
CM-POCT2				CK-MB (Mass) (cut-off 10 ng/mL)						
CM-POCT2				NT proBNP (cut off 450 pg/mL)						
CM-POCT2				Myoglobin (cut-off 50 ng/mL)						
CM-POCT2				Myoglobin (cut-off 80 ng/mL)						
CM-POCT2				Troponin I (cut-off 80 ng/L)						
CM-POCT2				Troponin I (cut-off 300 ng/L)						
CM-POCT2				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.