Result Form for Survey Sample CM-POCT4_____

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-POCT4	BNP			◯ ng/l ◯ pg/ml		
CM-POCT4	CK-MB (Activity)			◯ U/l ◯ µkat/l		
CM-POCT4	CK-MB (Mass)			◯ ng/ml ◯ µg/l		
CM-POCT4	Myoglobin			◯ µg/l ◯ ng/ml		
CM-POCT4	NT-proBNP			◯ pg/ml ◯ ng/l ◯ pmol/l		
CM-POCT4	Troponin I			◯ ng/l ◯ ng/ml ◯ pg/ml ◯ µg/l		
CM-POCT4	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-POCT4				BNP (cut off 400 pg/mL)						
CM-POCT4				CK-MB (Activity) (cut-off 25 U/L)						
CM-POCT4				CK-MB (Mass) (cut-off 5 ng/mL)						
CM-POCT4				CK-MB (Mass) (cut-off 10 ng/mL)						
CM-POCT4				NT proBNP (cut off 450 pg/mL)						
CM-POCT4				Myoglobin (cut-off 50 ng/mL)						
CM-POCT4				Myoglobin (cut-off 80 ng/mL)						
CM-POCT4				Troponin I (cut-off 80 ng/L)						
CM-POCT4				Troponin I (cut-off 300 ng/L)						
CM-POCT4				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.