

Fax Form for Survey Sample COA_2016_01

Participant Name: _____

Lab Client Code: _____

Country: _____

Please use this fax form for data submission only if you cannot submit the data online (<https://teqa.esfeqa.eu>).

Deadline for Data Submission: 07/03/2016

Program	Analyte	Method-Key	Instrument-Key	Unit	COA_2016_01_a Result	COA_2016_01_b Result
COA	Antithrombin III			<input type="checkbox"/> % <input type="checkbox"/> U/ml		
COA	Antithrombin III			<input type="checkbox"/> mg/l <input type="checkbox"/> g/l <input type="checkbox"/> mg/dl		
COA	aPTT			<input type="checkbox"/> s		
COA	Fibrinogen			<input type="checkbox"/> g/l <input type="checkbox"/> mg/ml <input type="checkbox"/> mg/dl		
COA	D-Dimer			<input type="checkbox"/> mg/l <input type="checkbox"/> µg/ml <input type="checkbox"/> µg/l <input type="checkbox"/> ng/ml <input type="checkbox"/> mg/dl		
COA	D-Dimer			<input type="checkbox"/> FEU mg/l <input type="checkbox"/> FEU µg/l		
COA	Prothrombin time			<input type="checkbox"/> % (Quick)		
COA	Prothrombin time			<input type="checkbox"/> INR		
COA	Prothrombin time			<input type="checkbox"/> s		

Stamp/Signature _____

_____ Date

Please send the filled form to ESFEQA by Fax (+49 6221 894669-90) or by E-Mail (info@esfeqa.eu)

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