Result Reporting Form

Please email results to

[anqap.quality@ecodev.vic.gov.au](mailto:anqap.quality@ecodev.vic.gov.au)

|  |  |  |  |
| --- | --- | --- | --- |
| **Test Name:**  (refer to Test Timetable) |  | **Test Number:**  (refer to Test Timetable) |  |
| **Test Month:**  (refer to Test Timetable) |  | **Result Type:**  *(please tick)* | Original results  Retest results |
| Lab Acronym & Confidential Number:  (refer to email) |  | Test Date & Operator Initials: |  |
| **Test Method:**  **Please provide a current copy of your laboratory method via e-mail** | OIE  ANZSDP  ASDT  In-house  Other, specify:  With Modifications, specify: | | |
| Were there any problems with the sample (condition, reconstitution, performance)? | No  Yes, specify: | | |
| **Laboratory SAN/Submission/Job Number:** |  | | |

**Test Results**

**Report all raw AND calculated results.**

**Only report one result per sample – either average/median/mean/one replicate, where applicable.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Test Results** | **Sample 1** | **Sample 2** | **Sample 3** | **Sample 4** | **Sample 5** | **Sample 6** |
| **ELISA Results**  (OD and calculated) | **OD:** | **OD:** | **OD:** | **OD:** | **OD:** | **OD:** |
| **Calculated Result:** | **Calculated Result:** | **Calculated Result:** | **Calculated Result:** | **Calculated Result:** | **Calculated Result:** |
| **All Other Test Results**  (titre, dilution factor, IU/mL, score, grade, CT value) |  |  |  |  |  |  |
| **Interpretation**  (Positive/Negative/Other) | **Positive**  **Negative**  **Other** | **Positive**  **Negative**  **Other** | **Positive**  **Negative**  **Other** | **Positive**  **Negative**  **Other** | **Positive**  **Negative**  **Other** | **Positive**  **Negative**  **Other** |

**Where applicable, for statistical analysis to be performed, there must be a minimum of 5 Laboratories using the same kit/method/reagents, therefore we request details of kits/methods/reagents used to perform testing. Where details have not been provided, the Laboratory will be excluded from Statistical Analysis. Thank you.**

|  |  |
| --- | --- |
| Details of Reagents Used | |
| Antisera manufacturer:  (also include batch number) | In-house  External Supplier, specify: |
| Antigen manufacturer:  (also include batch number) | In-house  External Supplier, specify: |
| Kit name and manufacturer:  (also include batch number) | In-house  External Supplier, specify kit name and manufacturer: |
| PCR Extraction Kit manufacturer:  (also include batch number) | In-house  External Supplier, specify kit name and manufacturer: |
| VNT Cell Line: |  |
| Positive Cut-off: |  |
| Negative Cut-off: |  |

|  |  |
| --- | --- |
| **ANQAP Office Use Only** | |
| **Received (initial & date):** |  |

**Where applicable, for statistical analysis to be performed, there must be a minimum of 5 Laboratories using the same kit/method/reagents, therefore we request details of kits/methods/reagents used to perform testing. Where details have not been provided, the Laboratory will be excluded from Statistical Analysis. Thank you.**