Result Reporting Form

Please email results to

anqap.quality@agriculture.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.**