# EQA survey for Neonatal G6PD Screening Test

## Application Form for Reissue of the QC samples

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|---|---|
| Application Lab: | Lab ID: |
| Application Date: | Applicant : |
| Telephone: | Email: |
| Reason for reissue： | |
| Applicant's signature | Director's signature |
| | |

**Please fax this form to QAP Center, Preventive Medicine Foundation, Taipei, Taiwan**

**<g6pd@g6pd.tw>; Tel:+886-2-2703-6080; Fax: +886-2-2703-6070**

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**This area is reserved to be used by G6PD EQA center**

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|---|---|
| **Comment and decision：** | |
| **QA officer's signature** | **Supervisor's signature** |
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