

EQA Program for Neonatal G6PD Screening Test Application for Changing Data in G6PD EQA MIS System	
Application Lab:	Lab ID:
Application Date:	Applicant :
Telephone:	Email:
Change(s): <input type="checkbox"/> Samples received; <input type="checkbox"/> Test results; <input type="checkbox"/> Information of unit; <input type="checkbox"/> Other:	
The original information content:	
Content of the change(s):	
Reason for the change(s):	
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

This area is reserved to be used by G6PD EQA center

審核	<input type="checkbox"/> 同意； <input type="checkbox"/> 不同意，說明：	
承辦人	品質主管	主任
資訊管理	變更日期	簽結