EQA Program for G6PD Quantitative Test
Application Form for Changing Data in G6PD EQA MIS System

Application Lab:	Lab ID:
Application Date:	Applicant :
Telephone:	Email:

Change(s): ☐ Samples received; ☐ Test results; ☐ Information of unit; ☐ Other:

The original information content:

Content of the change(s):

Reason for the change(s):

Applicant's signature	Director's signature

After signing, please email to NSRC via <info@newbornscreening.ph>

This area is for NSRC

Comment and Decision:

Signature:

Date:

After signing, please email to QAP Center, Preventive Medicine Foundation via <g6pd@g6pd.tw>

This area is reserved to be used by QAP Center, Preventive Medicine Foundation

審核	☐同意；　☐不同意，說明：		
承　辦　人	品　質　主　管		主　任
資　訊　管　理	變　更　日　期		簽　結