RIQAS

RANDOX INTERNATIONAL QUALITY ASSESSMENT SCHEME

Although not all parameters will appear in every sample, participants should complete method details, cut off values and cross-reactivity factors for every parameter analysed.

ENROLMENT DOCUMENT
URINE TOXICOLOGY PROGRAMME
RQ9139

This document must be completed and returned to RIQAS

RIQAS

URINE TOXICOLOGY PROGRAMME

RQ9139

Lab. Reference Number

Please tick the correct option:

This is a new registration for Urine Toxicology ☐

This is an update to an existing Urine Toxicology registration ☐

If you wish to register multiple instruments, please complete separate enrolment documents for each instrument

On each document please state an instrument identification name here

Please indicate cycles required in boxes below

Cycle 16 January 2024 - December 2024 ☐ Cycle 17 January 2025 - December 2025 ☐

Primary Contact Details: ***(CAPITAL LETTERS ONLY)***

QA Officer

Laboratory / Hospital Name

Department

Postal Address

City

State

Postal / Zip Code

Country

Telephone Number

Randox Office / Distributor

Lab. Reference Number

RIQAS **URINE TOXICOLOGY PROGRAMME**

RIQASNet - ELECTRONIC CORRESPONDENCE

Participation on RIQAS requires access to RIQASNet, a web-based online method for result entry, viewing of released reports and addition or change of assay details. In addition, PDF reports can be e-mailed to up to 3 e-mail addresses. Internet access and login details are required for RIQASNet. A login will be supplied by RIQAS based on "e-mail address 1" below.

FOR RIQAS **USE ONLY**
RIQASNet No
Date added:
By:
PDF copies set to

Primary Contact email for RIQASNet/PDF reports (Please write in capital letters only)

E-mail address 1:

E-mail addresses for additional PDF reports

E-mail address 2:

E-mail address 3:

Customer Declaration: By submitting this enrolment document to RIQAS, either directly or via my local Randox representative, I, (the customer of RIQAS) confirm that:
1) I have read and understood the RIQAS policies stated in the most recent Method Questionnaire associated with this programme.
2) I understand that the submission of this enrolment document to RIQAS marks the beginning of an on-going agreement, and I will be automatically enrolled in subsequent cycles of this programme until RIQAS receives written confirmation of my cancellation. This should be received by RIQAS 12 weeks prior to the month in which the cycle starts.
3) I understand that I must inform RIQAS of any changes to my contact details, assay details or contract status
4) I authorise Randox Laboratories Ltd. to send communication related to the products and service provided to the e-mail or postal addresses stated on this document
5) I understand that I am permitted to request disclosure of, change or erase personal details held by Randox Laboratories Ltd. at any

REGISTRATION OF ASSAY DETAILS

It is possible to inform RIQAS of your chosen parameters and assay details by

1) Completing the 'REGISTRATION OF ASSAY DETAILS' on the following pages **OR**

2) Adding your own assay details using RIQASNet

Please select one of the following options

☐ **I wish to add my own assay details via RIQASNet once I have received my username, password and Lab Reference Number from RIQAS**
(You do not need to complete the 'REGISTRATION OF ASSAY DETAILS' section of this document)

☐ **I wish to inform RIQAS of my assay details using this enrolment document**
(please complete all remaining pages of the 'REGISTRATION OF ASSAY DETAILS' section)

For any further queries, please contact your local Randox office, Sales Representative or RIQAS directly.

THIS PROGRAMME IS NOT ACCREDITED
TO ISO/IEC 17043:2010

Please contact RIQAS at
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E-Mail: mail@riqas.com
RIQAS Scheme Co-ordinator: Sally Picton
RANDOX LABORATORIES LTD., 55 Diamond Road, Crumlin, County Antrim, BT29 4QY, United Kingdom

Lab. Reference Number

RIQAS **URINE TOXICOLOGY PROGRAMME**

REGISTRATION OF ASSAY DETAILS

ONLY COMPLETE THIS SECTION IF YOU DO NOT INTEND TO REGISTER YOUR METHODS VIA RIQASNET

Please indicate your requirements by ✓ or by writing in the boxes below.

Current participants should complete the document only for method changes.

Although not all parameters will appear in every sample, participants should complete method details, cut off values and cross-reactivity factors for every parameter listed below.

ANALYTE	METHOD CODE	INSTRUMENT CODE	REAGENT SUPPLIER	SI UNITS	✓	OTHER UNITS	
CREATININE				umol/l			

ANALYTE	METHOD CODE	INSTRUMENT CODE	REAGENT SUPPLIER	CUT OFF VALUE	SI UNITS	✓	OTHER UNITS	CROSS REACTIVITY
AMPHETAMINES GROUP					ng/ml			
d-AMPHETAMINE					ng/ml			
d-METHAMPHETAMINE					ng/ml			
MDMA					ng/ml			
BARBITURATES GROUP					ng/ml			
PHENOBARBITAL					ng/ml			
SECOBARBITAL					ng/ml			
BENZODIAZEPINES GROUP					ng/ml			
LORAZEPAM					ng/ml			
OXAZEPAM					ng/ml			
CANNABINOIDS GROUP					ng/ml			
11-NOR-D-9-THC-9-COOH					ng/ml			
COCAINE GROUP					ng/ml			
BENZOYLEGONINE					ng/ml			
COTININE					ng/ml			
ETHANOL					mg/dl			
LSD					ng/ml			
METHADONE					ng/ml			
EDDP					ng/ml			
OPIATES GROUP					ng/ml			
BUPRENORPHINE					ng/ml			
FREE MORPHINE					ng/ml			
PHENCYCLIDINE					ng/ml			
PROPOXYPHENE GROUP					ng/ml			
NORPROPOXYPHENE					ng/ml			
TCA GROUP					ng/ml			
NORTRYPTYLINE					ng/ml			

Please use this space to describe "other" methods, instruments and reagents.