

# ***RIQAS***

**RANDOX INTERNATIONAL QUALITY ASSESSMENT SCHEME**



**ENROLMENT DOCUMENT  
THERAPEUTIC DRUGS  
PROGRAMME**

**This document must be completed and returned to *RIQAS***



# **RIQAS THERAPEUTIC DRUGS PROGRAMME**

**Please tick if you intend to register for *RIQAS* Net**

**FOR *RIQAS* USE ONLY**  
*RIQAS* Net  
 RIQASNet No \_\_\_\_\_  
 Added: \_\_\_\_\_  
 Initial: \_\_\_\_\_  
 ET No: \_\_\_\_\_  
 Removed: \_\_\_\_\_  
 Initial: \_\_\_\_\_

***RIQAS* Net:** Web-based online method for result entry/method changes/viewing of released reports. PDF reports will also be sent to up to 3 email addresses. Internet access and login details are required for *RIQAS* Net. Your login will be supplied by *RIQAS* based on "e-mail address 1" below. Please write clearly to avoid any confusion.

Email address 1: \_\_\_\_\_

**Email addresses for additional PDF reports**

Email address 2: \_\_\_\_\_

Email address 3: \_\_\_\_\_

If you do not want to use *RIQAS* Net but wish to receive PDF reports please fill in the following section

**Please tick if you intend to register for pdf reporting**

**FOR *RIQAS* USE ONLY**  
PDF only  
 PDF copies set to \_\_\_\_\_  
 Added \_\_\_\_\_  
 Initial: \_\_\_\_\_

**PDF Reporting:** Receive your *RIQAS* reports as pdf files to a maximum of 3 email addresses. This option is to be used as an alternative to post.

Email address 1: \_\_\_\_\_

Email address 2: \_\_\_\_\_

Email address 3: \_\_\_\_\_

**Please tick if you intend to register for e-transfer**

Email address: \_\_\_\_\_

(email address to which reports will be sent)

***Instrument Group Reports***

Instrument group reports can be provided on request. Please contact *RIQAS* or your local Randox office or distributor for more details.

**FOR *RIQAS* USE ONLY**  
 Login Sent: \_\_\_\_\_  
 Initial: \_\_\_\_\_

***Inter-Laboratory Group Reports***

To receive inter-laboratory group reports, please contact *RIQAS* directly.

**Declaration:** I authorise *RIQAS* to send reports to the e-mail addresses stated on this form

Signed by participant \_\_\_\_\_ Date \_\_\_\_\_

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

Please contact *RIQAS* at

Tel: +44 (0) 28 9445 4399

Fax: +44 (0) 28 9445 4398

E-Mail: mail@riqas.com

e-transfer: returns@riqas.com

RIQAS Scheme Co-ordinator: Stephen Doherty

RANDOX LABORATORIES LTD., Ardmore, Diamond Road, Crumlin, Co. Antrim, United Kingdom, BT29 4QY

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THIS PROGRAMME IS ACCREDITED BY  
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# RIQAS THERAPEUTIC DRUGS PROGRAMME

## REGISTRATION OF METHODS

Please indicate your requirements by ✓ or by writing in the boxes below.  
 Current participants should complete the document only for method changes.  
 Please state 2-digit Vitros Slide Generation Numbers where appropriate.

ANALYTE	METHOD CODE	INSTRUMENT	REAGENT	SI UNITS ✓	OTHER UNITS
AMIKACIN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	µmol/l <input type="checkbox"/>	<input type="text"/>
CAFFEINE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	µmol/l <input type="checkbox"/>	<input type="text"/>
CARBAMAZEPINE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	µmol/l <input type="checkbox"/>	<input type="text"/>
	VITROS SLIDE GENERATION NO. <input type="text"/> <input type="text"/>				
CICLOSPORIN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	nmol/l <input type="checkbox"/>	<input type="text"/>
DIGOXIN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	nmol/l <input type="checkbox"/>	<input type="text"/>
	VITROS SLIDE GENERATION NO. <input type="text"/> <input type="text"/>				
ETHOSUXIMIDE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	µmol/l <input type="checkbox"/>	<input type="text"/>
GENTAMICIN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	µmol/l <input type="checkbox"/>	<input type="text"/>
LITHIUM OR LITHIUM (VITROS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	mmol/l <input type="checkbox"/>	<input type="text"/>
	VITROS SLIDE GENERATION NO. <input type="text"/> <input type="text"/>				
METHOTREXATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	µmol/l <input type="checkbox"/>	<input type="text"/>
PARACETAMOL (ACETAMINOPHEN)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	mmol/l <input type="checkbox"/>	<input type="text"/>
	VITROS SLIDE GENERATION NO. <input type="text"/> <input type="text"/>				
PHENOBARBITAL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	µmol/l <input type="checkbox"/>	<input type="text"/>
	VITROS SLIDE GENERATION NO. <input type="text"/> <input type="text"/>				
PHENYTOIN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	µmol/l <input type="checkbox"/>	<input type="text"/>
	VITROS SLIDE GENERATION NO. <input type="text"/> <input type="text"/>				
PRIMIDONE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	µmol/l <input type="checkbox"/>	<input type="text"/>
SALICYLIC ACID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	mmol/l <input type="checkbox"/>	<input type="text"/>
	VITROS SLIDE GENERATION NO. <input type="text"/> <input type="text"/>				
THEOPHYLLINE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	µmol/l <input type="checkbox"/>	<input type="text"/>
	VITROS SLIDE GENERATION NO. <input type="text"/> <input type="text"/>				
TOBRAMYCIN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	µmol/l <input type="checkbox"/>	<input type="text"/>
VALPROIC ACID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	µmol/l <input type="checkbox"/>	<input type="text"/>
VANCOMYCIN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	µmol/l <input type="checkbox"/>	<input type="text"/>

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