

# ***RIQAS***

**RANDOX INTERNATIONAL QUALITY ASSESSMENT SCHEME**

**ENROLMENT DOCUMENT  
SPECIFIC PROTEINS  
PROGRAMME**

This document must be completed and returned to *RIQAS*



# RIQAS SPECIFIC PROTEINS PROGRAMME

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

**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.

FOR <i>RIQAS</i> USE ONLY
<u>RIQAS Net</u>
RIQASNet No
Added:
Initial:
ET No:
Removed:
Initial:

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

**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.

FOR <i>RIQAS</i> USE ONLY
<u>PDF only</u>
PDF copies set to
Added
Initial:

Email address 1:

Email address 2:

Email address 3:

### 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 <i>RIQAS</i> 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

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THIS PROGRAMME IS ACCREDITED BY  
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## 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
AFP	<input type="text"/>	<input type="text"/>	<input type="text"/>	U/ml	<input type="checkbox"/>	<input type="text"/>
ALBUMIN	<input type="text"/> VITROS SLIDE GENERATION NO. <input type="text"/>	<input type="text"/>	<input type="text"/>	g/l	<input type="checkbox"/>	<input type="text"/>
ALPHA-1-ACID GLYCOPROTEIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	g/l	<input type="checkbox"/>	<input type="text"/>
ALPHA-1-ANTITRYPSIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	g/l	<input type="checkbox"/>	<input type="text"/>
ALPHA-2-MACROGLOBULIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	g/l	<input type="checkbox"/>	<input type="text"/>
ANTITHROMBIN III	<input type="text"/>	<input type="text"/>	<input type="text"/>	mg/l	<input type="checkbox"/>	<input type="text"/>
ANTI STREPTOLYSIN O	<input type="text"/>	<input type="text"/>	<input type="text"/>	IU/ml	<input type="checkbox"/>	<input type="text"/>
BETA-2-MICROGLOBULIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	mg/l	<input type="checkbox"/>	<input type="text"/>
CAERULOPLASMIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	g/l	<input type="checkbox"/>	<input type="text"/>
COMPLEMENT C3	<input type="text"/>	<input type="text"/>	<input type="text"/>	g/l	<input type="checkbox"/>	<input type="text"/>
COMPLEMENT C4	<input type="text"/>	<input type="text"/>	<input type="text"/>	g/l	<input type="checkbox"/>	<input type="text"/>
C-REACTIVE PROTEIN	<input type="text"/> VITROS SLIDE GENERATION NO. <input type="text"/>	<input type="text"/>	<input type="text"/>	mg/l	<input type="checkbox"/>	<input type="text"/>
FERRITIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	µg/l	<input type="checkbox"/>	<input type="text"/>
HAPTOGLOBIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	g/l	<input type="checkbox"/>	<input type="text"/>
IMMUNOGLOBULIN A	<input type="text"/>	<input type="text"/>	<input type="text"/>	g/l	<input type="checkbox"/>	<input type="text"/>
IMMUNOGLOBULIN E	<input type="text"/>	<input type="text"/>	<input type="text"/>	IU/ml	<input type="checkbox"/>	<input type="text"/>
IMMUNOGLOBULIN G	<input type="text"/>	<input type="text"/>	<input type="text"/>	g/l	<input type="checkbox"/>	<input type="text"/>
IMMUNOGLOBULIN M	<input type="text"/>	<input type="text"/>	<input type="text"/>	g/l	<input type="checkbox"/>	<input type="text"/>
KAPPA LIGHT CHAIN FREE	<input type="text"/>	<input type="text"/>	<input type="text"/>	mg/l	<input type="checkbox"/>	<input type="text"/>
KAPPA LIGHT CHAIN, TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	g/l	<input type="checkbox"/>	<input type="text"/>
LAMBDA LIGHT CHAIN FREE	<input type="text"/>	<input type="text"/>	<input type="text"/>	mg/l	<input type="checkbox"/>	<input type="text"/>
LAMBDA LIGHT CHAIN, TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	g/l	<input type="checkbox"/>	<input type="text"/>
PREALBUMIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	g/l	<input type="checkbox"/>	<input type="text"/>
RETINOL BINDING PROTEIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	mg/l	<input type="checkbox"/>	<input type="text"/>
RHEUMATOID FACTOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	U/ml	<input type="checkbox"/>	<input type="text"/>
TRANSFERRIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	g/l	<input type="checkbox"/>	<input type="text"/>

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