

RIQAS

RANDOX INTERNATIONAL QUALITY ASSESSMENT SCHEME

**ENROLMENT DOCUMENT
HUMAN URINE PROGRAMME**

This document must be completed and returned to *RIQAS*

RIQAS HUMAN URINE 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.

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

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.

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

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.

<p>FOR <i>RIQAS</i> USE ONLY</p> <p>Login Sent:</p> <p>Initial:</p>

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

RIQAS Scheme Co-ordinator: Stephen Doherty

RANOX LABORATORIES LTD., 55 Diamond Road, Crumlin, Co. Antrim, United Kingdom, BT29 4QY

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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	TEMP
AMYLASE	<input type="text"/>	<input type="text"/>	<input type="text"/>	U/l	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> °C
	VITROS SLIDE GENERATION NO.		<input type="text"/>				
CALCIUM	<input type="text"/>	<input type="text"/>	<input type="text"/>	mmol/l	<input type="checkbox"/>	<input type="text"/>	
	VITROS SLIDE GENERATION NO.		<input type="text"/>				
CHLORIDE	<input type="text"/>	<input type="text"/>	<input type="text"/>	mmol/l	<input type="checkbox"/>	<input type="text"/>	
	VITROS SLIDE GENERATION NO.		<input type="text"/>				
COPPER	<input type="text"/>	<input type="text"/>	<input type="text"/>	µmol/l	<input type="checkbox"/>	<input type="text"/>	
CORTISOL	<input type="text"/>	<input type="text"/>	<input type="text"/>	nmol/l	<input type="checkbox"/>	<input type="text"/>	
CREATININE	<input type="text"/>	<input type="text"/>	<input type="text"/>	mmol/l	<input type="checkbox"/>	<input type="text"/>	
	VITROS SLIDE GENERATION NO.		<input type="text"/>				
DOPAMINE	<input type="text"/>	<input type="text"/>	<input type="text"/>	nmol/l	<input type="checkbox"/>	<input type="text"/>	
EPINEPHRINE (ADRENALIN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	nmol/l	<input type="checkbox"/>	<input type="text"/>	
GLUCOSE	<input type="text"/>	<input type="text"/>	<input type="text"/>	mmol/l	<input type="checkbox"/>	<input type="text"/>	
	VITROS SLIDE GENERATION NO.		<input type="text"/>				
5-HYDROXY-INDOLE ACETIC ACID (5-HIAA)	<input type="text"/>	<input type="text"/>	<input type="text"/>	µmol/l	<input type="checkbox"/>	<input type="text"/>	
MAGNESIUM	<input type="text"/>	<input type="text"/>	<input type="text"/>	mmol/l	<input type="checkbox"/>	<input type="text"/>	
	VITROS SLIDE GENERATION NO.		<input type="text"/>				
METANEPHRINE	<input type="text"/>	<input type="text"/>	<input type="text"/>	µmol/l	<input type="checkbox"/>	<input type="text"/>	
MICROALBUMIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	mg/l	<input type="checkbox"/>	<input type="text"/>	
	VITROS SLIDE GENERATION NO.		<input type="text"/>				
NOREPINEPHRINE (NORADRENALIN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	nmol/l	<input type="checkbox"/>	<input type="text"/>	
NORMETANEPHRINE	<input type="text"/>	<input type="text"/>	<input type="text"/>	µmol/l	<input type="checkbox"/>	<input type="text"/>	
OSMOLALITY	<input type="text"/>	<input type="text"/>	<input type="text"/>	mOsm/Kg	<input type="checkbox"/>	<input type="text"/>	
OXALATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	mmol/l	<input type="checkbox"/>	<input type="text"/>	
PHOSPHATE, INORGANIC	<input type="text"/>	<input type="text"/>	<input type="text"/>	mmol/l	<input type="checkbox"/>	<input type="text"/>	
	VITROS SLIDE GENERATION NO.		<input type="text"/>				
POTASSIUM	<input type="text"/>	<input type="text"/>	<input type="text"/>	mmol/l	<input type="checkbox"/>	<input type="text"/>	
	VITROS SLIDE GENERATION NO.		<input type="text"/>				
PROTEIN, TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	g/l	<input type="checkbox"/>	<input type="text"/>	
	VITROS SLIDE GENERATION NO.		<input type="text"/>				
SODIUM	<input type="text"/>	<input type="text"/>	<input type="text"/>	mmol/l	<input type="checkbox"/>	<input type="text"/>	
	VITROS SLIDE GENERATION NO.		<input type="text"/>				
UREA	<input type="text"/>	<input type="text"/>	<input type="text"/>	mmol/l	<input type="checkbox"/>	<input type="text"/>	
	VITROS SLIDE GENERATION NO.		<input type="text"/>				
URIC ACID	<input type="text"/>	<input type="text"/>	<input type="text"/>	mmol/l	<input type="checkbox"/>	<input type="text"/>	
	VITROS SLIDE GENERATION NO.		<input type="text"/>				
VANILLYLMANDELIC ACID (VMA)	<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.