

RIQAS

RANDEX INTERNATIONAL QUALITY ASSESSMENT SCHEME

**ENROLMENT DOCUMENT
LIQUID CARDIAC PROGRAMME**

This document must be completed and returned to *RIQAS*

RIQAS LIQUID CARDIAC 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 *RIQAS* USE ONLY

RIQAS Net

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 *RIQAS* USE ONLY

PDF only

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 *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

RIQAS Scheme Co-ordinator: Stephen Doherty

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THIS PROGRAMME HAS NOT YET BEEN ACCREDITED TO ILAC G13:08/2007

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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.

ANALYTE	METHOD CODE	INSTRUMENT	REAGENT	SI UNITS	✓	OTHER UNITS
BNP	<input type="text"/>	<input type="text"/>	<input type="text"/>	pmol/l	<input type="checkbox"/>	<input type="text"/>
CK-MB, MASS	<input type="text"/>	<input type="text"/>	<input type="text"/>	ug/l	<input type="checkbox"/>	not available
Note: CK-MB measured in U/l is not available on this programme. Please refer to RQ9127						
D-DIMER (Pilot)	<input type="text"/>	<input type="text"/>	<input type="text"/>	ug/l	<input type="checkbox"/>	<input type="text"/>
DIGOXIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	nmol/l	<input type="checkbox"/>	<input type="text"/>
HOMOCYSTEINE	<input type="text"/>	<input type="text"/>	<input type="text"/>	µmol/l	<input type="checkbox"/>	<input type="text"/>
HIGH SENSITIVITY CRP	<input type="text"/>	<input type="text"/>	<input type="text"/>	mg/l	<input type="checkbox"/>	<input type="text"/>
MYOGLOBIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	ug/l	<input type="checkbox"/>	<input type="text"/>
NT-ProBNP	<input type="text"/>	<input type="text"/>	<input type="text"/>	pmol/l	<input type="checkbox"/>	<input type="text"/>
TROPONIN I	<input type="text"/>	<input type="text"/>	<input type="text"/>	ug/l	<input type="checkbox"/>	<input type="text"/>
TROPONIN T	<input type="text"/>	<input type="text"/>	<input type="text"/>	ug/l	<input type="checkbox"/>	<input type="text"/>

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