

RIQAS

RANDOX INTERNATIONAL QUALITY ASSESSMENT SCHEME

**ENROLMENT DOCUMENT
MATERNAL SCREENING
PROGRAMME**

This document must be completed and returned to *RIQAS*

RIQAS

MATERNAL SCREENING PROGRAMME

RQ9137

Lab. Reference Number _____

Please tick the correct option:

This is a new registration

This is an update to an existing 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 _____

Official Order No. required for UK & Ireland only - Please ensure official purchase order number accompanies enrolment documents

Official Order No.

Date

Please indicate cycles required in boxes below

Cycle 3 January 2011 - December 2011

Cycle 4 January 2012 - December 2012

Routine report to be sent to: (**CAPITAL LETTERS ONLY**)

QA Officer

Laboratory / Hospital Name

Department

Postal Address

Postal / Zip Code

Country

Telephone Number

Fax Number

Radox Representative

RIQAS MATERNAL SCREENING 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.

Inter-Laboratory Group Reports

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

FOR RIQAS USE ONLY

Login Sent:

Initial:

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

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

Revised November 2011

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

RIQAS MATERNAL SCREENING 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.

ANALYTE	METHOD CODE	INSTRUMENT	REAGENT	SI UNITS	✓	OTHER UNITS
AFP	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	kU/l	<input type="checkbox"/>	<input type="text"/>
HCG, FREE BETA	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	U/l	<input type="checkbox"/>	<input type="text"/>
HCG, TOTAL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	U/l	<input type="checkbox"/>	<input type="text"/>
INHIBIN A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	ng/l	<input type="checkbox"/>	<input type="text"/>
PAPP-A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	U/l	<input type="checkbox"/>	<input type="text"/>
UNCONJUGATED ESTRIOL	<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"/>

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