

RIQAS

RANDOX INTERNATIONAL QUALITY ASSESSMENT SCHEME

**ENROLMENT DOCUMENT
URINALYSIS PROGRAMME**

PLEASE SEND A COPY OF YOUR KIT INSERT

THIS SHOULD CLEARLY STATE THE CATEGORIES OF
REPORTED RESULTS EXPECTED FOR EACH PARAMETER

This document must be completed and returned to *RIQAS*

RIQAS URINALYSIS 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 RIQAS USE ONLY <u>RIQAS Net</u> RIQASNet No Added: Initial: ET No: Removed: 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 RIQAS USE ONLY <u>PDF only</u> PDF copies set to Added 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.

Inter-Laboratory Group Reports

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

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

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

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

RIQAS Scheme Co-ordinator: Stephen Doherty
 RANDOX LABORATORIES LTD., 55 Diamond Road, Crumlin, Co. Antrim, United Kingdom, BT29 4QY
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REGISTRATION OF METHODS

Please indicate your requirements by writing in the boxes below.
 Current participants should complete the document only for method changes.

ANALYTE	METHOD CODE	INSTRUMENT CODE	SUPPLIER CODE	UNIT/ARB CODE
ALBUMIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BILIRUBIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BLOOD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CREATININE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GALACTOSE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GLUCOSE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
KETONES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LEUKOCYTES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NITRITE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PROTEIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SPECIFIC GRAVITY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
UROBILINOGEN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please use this space to describe "other" methods & instruments.

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