

# RIQAS

**RANDEX INTERNATIONAL QUALITY ASSESSMENT SCHEME**

**ENROLMENT DOCUMENT  
SEROLOGY (ToRCH)  
PROGRAMME  
RQ9152**

**This document must be completed and returned to RIQAS**

# RIQAS

## SEROLOGY (ToRCH)

### RQ9152

Lab. Reference Number \_\_\_\_\_

Please tick the correct option:

This is a new registration for ToRCH

This is an update to an existing ToRCH 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 the distribution you will start participating from

Cycle 8      June 2019 - March 2020

Distribution A

Distribution B

Distribution C

Distribution D

Primary Contact Details: (**CAPITAL LETTERS ONLY**)

QA Officer

Laboratory / Hospital Name

Department

Postal Address

City

State

Postal / Zip Code

Country

Telephone Number

Fax Number

Randox Office / Distributor

# RIQAS SEROLOGY (ToRCH) PROGRAMME

## RIQASNet - ELECTRONIC CORRESPONDENCE

Participation on RIQAS requires access to RIQASNet, a web-based online method for result entry, viewing of released reports and addition or change of assay details. In addition, PDF reports can be e-mailed to up to 3 e-mail addresses. Internet access and login details are required for RIQASNet. A login will be supplied by RIQAS based on "e-mail address 1" below.

<p><b>FOR RIQAS USE ONLY</b></p> <p>RIQASNet No</p> <p>Date added:</p> <p>By:</p> <p>PDF copies set to</p>
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### Primary Contact email for RIQASNet/PDF reports (Please write in capital letters only)

E-mail address 1: \_\_\_\_\_

### E-mail addresses for additional PDF reports

E-mail address 2: \_\_\_\_\_

E-mail address 3: \_\_\_\_\_

**Customer Declaration:** By submitting this enrolment document to RIQAS, either directly or via my local Randox representative, I, (the customer of RIQAS) confirm that:

- 1) I have read and understood the RIQAS policies stated in the most recent Method Questionnaire associated with this programme.
- 2) I understand that the submission of this document to RIQAS marks the beginning of an on-going agreement, and subsequent cycles of product for this programme will be provided by RIQAS following receipt of my order via my local Randox Representative (or directly if a UK/Ireland participant)
- 3) I understand that I must inform RIQAS of any changes to my contact details, assay details or contract status
- 4) I authorise Randox Laboratories Ltd. to send communication related to the products and service provided to the e-mail or postal addresses stated on this document
- 5) I understand that I am permitted to request disclosure of, change or erase personal details held by Randox Laboratories Ltd. at any time.

## REGISTRATION OF ASSAY DETAILS

It is possible to inform RIQAS of your chosen parameters and assay details by

- 1) Completing the 'REGISTRATION OF ASSAY DETAILS' on the following pages **OR**
- 2) Adding your own assay details using RIQASNet

Please select one of the following options

- I wish to add my own assay details via RIQASNet once I have received my username, password and Lab Reference Number from RIQAS**  
(You do not need to complete the 'REGISTRATION OF ASSAY DETAILS' section of this document)
- I wish to inform RIQAS of my assay details using this enrolment document**  
(please complete all remaining pages of the 'REGISTRATION OF ASSAY DETAILS' section)

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, County Antrim, BT29 4QY, United Kingdom

THIS PROGRAMME IS NOT ACCREDITED  
TO ISO/IEC 17043:2010

## RIQAS SEROLOGY (ToRCH) PROGRAMME

### REGISTRATION OF ASSAY DETAILS

ONLY COMPLETE THIS SECTION IF YOU DO NOT INTEND TO REGISTER  
YOUR METHODS VIA RIQASNET

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

ANALYTE	METHOD CODE	INSTRUMENT	REAGENT	UNITS
Anti-CMV (IgG)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Anti-CMV (IgM)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Anti-HSV1 & 2 IgG	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Anti-HSV1 & 2 IgM	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Anti-HSV1 IgG	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Anti-HSV1 IgM	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Anti-HSV2 IgG	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Anti-HSV2 IgM	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Anti-Rubella IgG	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Anti-Rubella IgM	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Anti-Toxoplasma IgG	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Anti-Toxoplasma IgM	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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