RIQAS

IMMUNOASSAY PROGRAMME RQ9125

	Lab. Reference Number		
Please tick the correct option:	This is a new registration for l	mmunoassay	
	This is an update to an existin	g Immunoassay registration	
If you wish to register multiple instruments, plea	se complete separate enrolment do	cuments for each instrument	
On each document please state an instrument i	dentification name here		
Instrument Group Reports Instrument group reports can be provided on request. Please conta Inter-Laboratory Group Reports To receive inter-laboratory group reports, please contact RIQAS d	·	or for more details.	
Please indicate cycles required in boxes below			
Cycle 63 July 2025- December 2025	Cycle 64	January 2026 - June 2026	
Cycle 65 July 2026 - December 2026	Cycle 66	January 2027 - June 2027	
Please indicate kit required		12 m	onths
RQ9125/a - Immunoassay Programme (up to 4 analy	rtes, bi-weekly samples)		
RQ9125/b - Immunoassay Programme (5-13 analytes	s, bi-weekly samples)		
RQ9125/c - Immunoassay Programme (more than 13	B analytes, bi-weekly samples)		
Primary Contact Details: (CAPITAL LETTERS	S ONLY)		
QA Officer			
Laboratory / Hospital Name			
Department			
Postal Address			
City	State		
Postal / Zip Code Country			
Telephone Number			
Randox Office / Distributor			—

	Lab. Reference Numb	er
RIQAS IMMUN	OASSAY PROGRAMME	
Participation on RIQAS readdition or change of assa details are required for RIO	ctronic correspondence equires access to RIQASNet, a web-based online method for reseay details. In addition, PDF reports can be e-mailed to up to 3 equals and a login will be supplied by RIQAS based on "e-mail and formation found on the summary page of the routine report.	-mail addresses. Internet access and login
wish to receive a success files must be sent t	ummary csv file to the same email addresses as the PDF reports)	FOR RIQAS USE ONLY RIQASNet No Date added: By: PDF copies set to csv copies set to
Primary Contact email E-mail address 1:	I for RIQASNet/PDF reports/summary csv files (Please	e write in capital letters only)
E-mail addresses for a	additional PDF reports/summary csv files	
E-mail address 2:		
E-mail address 3:		
sustomer of RIQAS) confirence of RIQAS). I have read and undersolons? I understand that the substantially enrolled in substantially enrolled in substantial by RICAS. I understand that I must be all the received by RICAS. I authorise Randox Labeled on this decided in the read on this decided.	stood the RIQAS policies stated in the most recent Method Quest submission of this enrolment document to RIQAS marks the beg subsequent cycles of this programme until RIQAS receives writt QAS 12 weeks prior to the month in which the cycle starts. It inform RIQAS of any changes to my contact details, assay deporatories Ltd. to send communication related to the products an	stionnaire associated with this programme. inning of an on-going agreement, and I will be en confirmation of my cancellation. This tails or contract status and service provided to the e-mail or postal
	ION OF ASSAY DETAILS	
•	RIQAS of your chosen parameters and assay details by	. OB
,	SISTRATION OF ASSAY DETAILS' on the following page: ay details using RIQASNet	s OR
,	of the following options	
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and Lab R	add my own assay details via RIQASNet once I have rong and the research of the Reference Number from RIQAS Indeed to complete the 'REGISTRATION OF ASSAY DETAILS' section	
	nform RIQAS of my assay details using this enrolmer	

(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 E-Mail: mail@riqas.com RIQAS Scheme Co-ordinator: Sarah Fleck

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

This programme is accredited by UKAS TO ISO/IEC 17043:2010 via Fixed Scope



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RIQAS IMMUNOASSAY PROGRAMME

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

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	INSTRU	MENT REAGENT	SI UNITS	✓	OTHER UNITS
ACTH				pmol/l		
AFP				U/ml		
ALDOSTERONE				pmol/l		
ANDROSTENEDIONE				nmol/l		
BETA-2-MICROGLOBULIN				μg/ml		
CA 125				U/ml		
CA 15-3				U/ml		
CA 19-9				U/ml		
CARBAMAZEPINE				µmol/l		
CEA				ng/ml		
CORTISOL				nmol/l		
C-PEPTIDE				nmol/l		
DHEA-S				µmol/l		
DHEA-unconjugated				nmol/l		
DIGOXIN				nmol/l		
FERRITIN				ng/ml		
FOLATE				nmol/l		
FSH				mU/ml		
GENTAMYCIN				µmol/l		
GH GH results may only be submitted in ng/m	nl or ug/l if run on an assay which	n is standardised to	WHO IS 98/574.	μU/ml		
hCG				mU/ml		
lgE				U/ml		
INSULIN				μU/ml		
LH				mU/ml		
OESTRADIOL				pmol/l		
17-OH-PROGESTERONE				nmol/l		
PARACETAMOL (ACETAMIN.)				mmol/l		
PHENOBARBITAL				μmol/l		
PHENYTOIN				µmol/l		
PROGESTERONE				nmol/l		
PROLACTIN				μU/ml		*

^{*} If choosing ng/ml - kit specific conversion factor must be included (see method questionnaire for more information)

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ng/ml ng/ml pmol/l pmol/l mmol/l pmol/l pmol/l pmol/l pmol/l		
pmol/I pmol/I mmol/I nmol/I pmol/I pmol/I		
pmol/l mmol/l nmol/l pmol/l nmol/l		
nmol/l nmol/l pmol/l nmol/l		
nmol/l pmol/l nmol/l		
pmol/l nmol/l		
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