RIQAS

CARDIAC PROGRAMME

RQ9127

	Lab. Reference Number		
Please tick the correct option:	This is a new registration for Cardiac		
	This is an update to an existing Ca	rdiac registration	
If you wish to register multiple instruments, please of	complete separate enrolment documents for e	ach instrument	
Instrument Group Reports Instrument group reports can be provided on request. Please contact RIQA To receive inter-laboratory group reports, please contact RIQA		r for more details.	
On each document please state an instrume	nt identification name here		
Please indicate cycles required in boxes be	_		
Cycle 49 September 2025 - February 2026	Cycle 50 March 2026 - Au		
Cycle 51 September 2026 - February 2027	Cycle 52 March 2027 - Au		
Please indicate kit required		12 months	
RQ9127/a - Cardiac Programme (choose 2 analyte		님	
RQ9127/b - Cardiac Programme (more than 2 anal	ytes)	Ш	
Primary Contact Details: (CAPITAL LETTER	RS ONLY)		
QA Officer			
Laboratory / Haspital Nama			
Laboratory / Hospital Name			
Department			
Postal Address			
City	State		
Postal / Zip Code (Country	_	
L L L L L L L L L L L L L L L L L L L			
·			
Randox Office / Distributor			

	Lab. Referenc	e Number		1
RIQAS CARDIAC F	PROGRAMME			J
Participation on RIQAS requires and addition or change of assay and login details are required for	ONIC CORRESPONDENCE access to RIQASNet, a web-based online metho details. In addition, PDF reports can be e-mailed RIQASNet. A login will be supplied by RIQAS ba aining the information found on the summary page	to up to 3 e-r ased on "e-ma	mail addresses. Internet access ail address 1" below. It is also	
I wish to receive a summa (csv files must be sent to the s	ary csv file 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 for R E-mail address 1:	IQASNet/PDF reports/summary csv files (Please writ	te in capital letters only)]
E-mail addresses for addition	nal PDF reports/summary csv files			
E-mail address 2:]
E-mail address 3:]
(the customer of RIQAS) confirm 1) I have read and understood th 2) I understand that the submissi be automatically enrolled in subs This should be received by RIQA 3) I understand that I must inform 4) I authorise Randox Laboratoric addresses stated on this docume	e RIQAS policies stated in the most recent Methon of this enrolment document to RIQAS marks to equent cycles of this programme until RIQAS recently stated in RIQAS of any changes to my contact details, as eas Ltd. to send communication related to the process.	od Questionn the beginning ceives written e starts. ssay details o ducts and ser	naire associated with this programme. g of an on-going agreement, and I will a confirmation of my cancellation. or contract status rvice provided to the e-mail or postal	
REGISTRATION	OF ASSAY DETAILS			
•	of your chosen parameters and assay detail TION OF ASSAY DETAILS' on the following ails using RIQASNet	-	PR	
Please select one of the	e following options			
	I wish to add my own assay details via F password and Lab Reference Number fr	om RIQAS	·	ne,
	(You do not need to complete the 'REGISTRATION		•	
1 1	I wish to inform RIQAS of my assay deta	uis using th	ns 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.

This programme is accred

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



0010

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

Lab. Reference Number	

RIQAS CARDIAC 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 \checkmark or by writing in the boxes below. Current participants should complete the document only for method changes. Please state 2-digit Vitros Slide Generation Numbers where appropriate.

ANALYTE	METHOD CODE	INSTRUMENT	REAGENT	SI UNITS 🗸	OTHER UNITS			
CK, TOTAL	VITROS SLIDE GENERATION NO.			U/I				
CK-MB, ACTIVITY	VITROS SLIDE GENERATION NO.			U/I				
CK-MB, MASS				ng/ml				
HOMOCYSTEINE				µmol/l				
MYOGLOBIN				ng/ml				
TROPONIN I				ng/ml				
TROPONIN T				ng/ml				
Please use this sp	Please use this space to describe "other" methods, instruments and reagents.							