# **RIQAS**

### MONTHLY IMMUNOASSAY PROGRAMME RQ9130

	Lab. Reference Number	·
Please tick the correct option:	This is a new registration for	r Monthly Immunoassay
	This is an update to an existing	g Monthly Immunoassay registration
If you wish to register multiple instrumen	ts, please complete separate enrolme	nt documents for each instrument
On each document please state an instru	ment identification name here	
Instrument Group Reports Instrument group reports can be provided on request. Plea Inter-Laboratory Group Reports To receive inter-laboratory group reports, please contact F		stributor for more details.
Please indicate cycles required in boxes be	elow	
Cycle 23 January 2025 - December 2025	Cycle 24	January 2026 - December 2026
Primary Contact Details: <i>(CAPITAL LET</i> QA Officer	TERS ONLY)	
Laboratory / Hospital Name		
Department		
Postal Address		
City	State	
Postal / Zip Code Code	untry	
Telephone Number		
Randox Office / Distributor		

### RIQAS MONTHLY IMMUNOASSAY 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. It is also possible to receive a csv file containing the information found on the summary page of the routine report.

I wish to receive a summary csv file (csv files must be sent 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 for RIQASNet/PDF reports/summary csv files E-mail address 1:	(Please write	in capital letters only)	_
E-mail addresses for additional PDF reports/summary csv files			
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 enrolment document to RIQAS marks the beginning of an on-going agreement, and I will be automatically enrolled in subsequent cycles of this programme until RIQAS receives written confirmation of my cancellation. This should be received by RIQAS 12 weeks prior to the month in which the cycle starts.
- 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
E-Mail: mail@riqas.com
RIQAS Scheme Co-ordinator: Sarah Fleck

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

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



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# RIQAS MONTHLY IMMUNOASSAY 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 ✓ 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
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		$\Box$			µmol/l		
CEA					ng/ml		
CORTISOL					nmol/l		
C-PEPTIDE					nmol/l		
DHEA-S					µmol/l		
DHEA-unconjugated					nmol/l		
DIGOXIN					nmol/l		
ESTRIOL, TOTAL (Pilot)					nmol/l		
FERRITIN					ng/ml		
FOLATE					nmol/l		
FSH					mU/ml		
GENTAMYCIN					µmol/l		
GH GH results may only be submitted in ng/ml or ug/l if	run on an assay which is standard	lised t	to WHO IS 98/57	4.	μU/ml		
hCG					mU/ml		
lgE					U/ml		
INSULIN					uU/ml		
LH		$\Box$			mU/ml		
OESTRADIOL					pmol/l		
17-OH-PROGESTERONE					nmol/l		
PARACETAMOL (ACETAMIN.)					mmol/l		
PHENOBARBITAL					umol/l		
PHENYTOIN					µmol/l		
PROGESTERONE					nmol/l		
PROLACTIN  * If choosing ng/ml - kit specific conversion	on factor must be included (	see	method ques	tionnaire fo	μU/ml r more info	rmati	* on)

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**REGISTRATION OF ASSAY DETAILS** 

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SA, FREE				
			ng/ml	
SA, TOTAL			ng/ml	
TH			pmol/l	
PTH (1-84)			pmol/l	
SALICYLATE			mmol/l	
HBG			nmol/l	
REE T3			pmol/l	
OTAL T3			nmol/l	
REE T4			pmol/l	
OTAL T4			nmol/l	
REE TESTOSTERONE (Pilot)			pmol/l	
ESTOSTERONE			nmol/l	
HYROGLOBULIN			ng/ml	
HEOPHYLLINE			µmol/l	
SH			μU/ml	
'ALPROIC ACID			µmol/l	
'ANCOMYCIN			µmol/l	
'ITAMIN B12			pmol/l	
-25-(OH)2-VITAMIN D (Pilot)			pmol/l	
5-OH-VITAMIN D			nmol/l	
Please use this space to describ	oe "other" methods.			