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

Please indicate the distribution you will start participating from

Cycle 15	Distribution A	July 2026 - December 2026	☐
Cycle 15	Distribution B	January 2027 - June 2027	☐
Cycle 16	Distribution A	July 2027 - December 2027	☐
Cycle 16	Distribution B	January 2028 - June 2028	☐

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

QA Officer

Laboratory / Hospital Name

Department

Postal Address

City

State

Postal / Zip Code

Country

Telephone Number

Randox Office / Distributor

Lab. Reference Number

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.

FOR RIQAS **USE ONLY**
RIQASNet No
Date added:
By:
PDF copies set to

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 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.

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

Please contact RIQAS at
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E-Mail: mail@riqas.com
RIQAS Scheme Co-ordinator: Sarah Fleck
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Lab. Reference Number

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)				
Anti-CMV (IgM)				
Anti-HSV1 & 2 IgG				
Anti-HSV1 & 2 IgM				
Anti-HSV1 IgG				
Anti-HSV1 IgM				
Anti-HSV2 IgG				
Anti-HSV2 IgM				
Anti-Measles IgG Pilot				
Anti-Mumps IgG Pilot				
Anti-Rubella IgG				
Anti-Rubella IgM				
Anti-Toxoplasma IgG				
Anti-Toxoplasma IgM				
Anti-VZV IgG Pilot				

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