RIQAS

CEREBROSPINAL FLUID (CSF) PROGRAMME

RQ9168

Lab. Reference Number

Please tick the correct option:

This is a new registration for CSF ☐

This is an update to an existing CSF 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

Inter-Laboratory Group Reports/Coordinator Reports

To gain access to inter-laboratory group reports/Coordinator Reports, please contact RIQAS directly.

Please indicate cycles required in boxes below

Cycle 11 March 2026 - February 2027 ☐ Cycle 12 March 2027 - February 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 CSF PROGRAMME

RIQAS.com - ELECTRONIC CORRESPONDENCE

Participation on RIQAS requires access to RIQAS.com, an online method for result entry, viewing of reports and addition or change of assay details. Internet access and login details are required for RIQAS.com. A password will be supplied by RIQAS to each e-mail address below. Additional users can be added by the participant via the User management page on RIQAS.com. By Ticking the box for 'Access to all Programmes' The email adrress will be given access to all Programmes asscoated with the laboratory reference Number.

Please write in capital letters only. Tick access level as appropriate for each email address

Email Address	Admin	User
Access to all Programmes		
Access to all Programmes		
Access to all Programmes		

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 RIQAS.com

Please select one of the following options

☐ **I wish to add my own assay details via RIQAS.Com 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

This programme is accredited by UKAS TO ISO/IEC 17043:2023 via Flexible Scope

UKAS PROFICIENCY TESTING

0010

Lab. Reference Number

RIQAS CEREBROSPINAL FLUID (CSF) PROGRAMME

REGISTRATION OF ASSAY DETAILS

ONLY COMPLETE THIS SECTION IF YOU DO NOT INTEND TO REGISTER YOUR METHODS VIA RIQAS.com

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

ANALYTE	METHOD	INSTRUMENT	Slide Gen	REAGENT	UNITS	Temperature (If applicable)
Albumin						
Chloride						
Glucose						
Immunoglobulin G						
Lactate						
Protein, Total						
Sodium						

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