

RIQAS

BLOOD TYPING

RQ9206

Lab. Reference Number

Please tick the correct option:

This is a new registration for Blood Typing

☐

This is an update to an existing Blood Typing 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

Instrument Group Reports

Instrument group reports will not be available for this programme

Inter-Laboratory Group Reports

To receive inter-laboratory group reports will not be available for this programme

Please indicate cycles required in boxes below

Cycle 1 January 2025 - December 2025

☐

Cycle 2

January 2026 - December 2026

☐

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

RIQAS BLOOD TYPING

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.

FOR RIQAS USE ONLY

RIQASNet No

Date added:

By:

PDF copies set to

csv 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.

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 NOT ACCREDITED
TO ISO/IEC 17043:2010

Lab. Reference Number

RIQAS BLOOD TYPING

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 using the Method Questionnaire as a guide

PARAMETER	METHOD CODE	INSTRUMENT	REAGENT
ABO Blood Typing			
Rh (D) type			
Compatibility Cross Testing			
Antibody Detection			
Antibody Identification			
Kell Antigen			
Rh C type			
Rh E type			
Rh c type			
Rh e type			

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

Please contact RIQAS for further details