RIQAS

BLOOD GAS PROGRAMME RQ9134

	Lab.	Reference Number	
Please tick the correct option:	This is a nev	w registration for Blo	ood Gas
	This is an up	date to an existing Blo	ood Gas registration
If you wish to register multiple instrume	ents, please complete	separate enrolment o	documents for each instrument
On each document please state an instr	rument identification r	name here	
Instrument Group Reports Instrument group reports can be provided on request. Pl	lease contact RIQAS or your le	ocal Randox office or distribut	tor for more details.
Inter-Laboratory Group Reports To receive inter-laboratory group reports, please contact	t RIQAS directly.		
Please indicate cycles required in boxes I Cycle 17 January 2025 - December 202		Cycle 18	January 2026 - December 2026
Please indicate kit required	_		•
RQ9134 - First instrument registered			
RQ9134/a - Every additional instrument regis	stered		[
Due to the limited open-vial stability, Blood G RQ9134 for the first instrument registered for registered. Please complete a separate enroln	this programme, and an a	additional kit of RQ9134	
Primary Contact Details: (CAPITAL LI	ETTERS ONLY)		
QA Officer			
Laboratory / Hospital Name			
Department			
Postal Address			
City		State	
Postal / Zip Code C	country		
Telephone Number			
Randox Office / Distributor			

		Lab. Reference Nu	ımber		
RIQAS BLOO	BLOOD GAS PROGRAMME				
Participation on RIQAS readdition or change of ass details are required for R	CTRONIC CORRESPO equires access to RIQASNet, a we ray details. In addition, PDF report IQASNet. A login will be supplied primation found on the summary p	eb-based online method fo is can be e-mailed to up to by RIQAS based on "e-ma	o 3 e-mail addr	esses. Internet access and login	
l wish to receive a s csv files must be sent	summary csv file to the same email addresses a	as the PDF reports)		FOR RIQAS USE ONLY RIQASNet No Date added: By: PDF copies set to csv copies set to	
Primary Contact ema E-mail address 1:	il for RIQASNet/PDF reports/	summary csv files (Ple	ease write in	capital letters only)	
E-mail addresses for	additional PDF reports/sumr	nary csv files			
E-mail address 2:					l
E-mail address 3:					l
(the customer of RIQAS) 1) I have read and undersection 2) I understand that the section 2) I understand that the section 3) I understand that I must 4) I authorise Randox Lateddresses stated on this	stood the RIQAS policies stated in ubmission of this enrolment docur in subsequent cycles of this prog QAS 12 weeks prior to the month st inform RIQAS of any changes to poratories Ltd. to send communication	n the most recent Method of ment to RIQAS marks the ramme until RIQAS receiv in which the cycle starts. or my contact details, assa ation related to the produc	Questionnaire and beginning of a ves written confus details or consts and service	associated with this programme n on-going agreement, and I will firmation of my cancellation. This ntract status provided to the e-mail or postal	I
It is possible to inform 1) Completing the 'RE0 2) Adding your own ass	TION OF ASSAY RIQAS of your chosen parame GISTRATION OF ASSAY DETA say details using RIQASNet of the following options	ters and assay details b	•		
Lab Referer (You do not need	d my own assay details via Fince Number from RIQAS to complete the 'REGISTRATION OF ASS	SAY DETAILS' section of this doo	cument)		
	form RIQAS of my assay deta all remaining pages of the 'REGISTRATIC	<u>-</u>		t	

For any further queries, please contact your local Randox office, Sales Representative or RIQAS directly.

Please contact RIQAS at

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 +44 (0) 28 9445 4399

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 RIQAS Scheme Co-ordinator:
 Sarah Fleck

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



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Revised May 2025

Lab. Reference Number	
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RIQAS BLOOD GAS 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.

Please state 2-digit Vitros Slide Generation Numbers where appropriate.

This programme is not suitable for use with OPTI Instruments

PARAMETER	METHOD CODE	INSTRUMENT	REAGENT	SI UNITS 🗸	OTHER UNITS
pCO2				kPa	
рН				рН	
pO2				kPa	
TOTAL CO2				mmol/l	
	VITROS SLIDE GENERATION N	10.]		
BICARBONATE				mmol/l	
	VITROS SLIDE GENERATION N	10.]		
CALCIUM				mmol/l	
	VITROS SLIDE GENERATION N	10.]		
CHLORIDE				mmol/l	
	VITROS SLIDE GENERATION N	lo]		
GLUCOSE				mmol/l	
	VITROS SLIDE GENERATION N	lO.]		
H+				nmol/l	
LACTATE				mmol/l	
POTASSIUM				mmol/l	
	VITROS SLIDE GENERATION N	ю.]		
SODIUM				mmol/l	
	VITROS SLIDE GENERATION N	ю.]		
Please use this space to d	escribe "other" methoc	ds, instruments ar	nd reagents	S	
1					