## **RIQAS**

### BLOOD GAS PROGRAMME RQ9134

	Lab. Reference Numi	per		
Please tick the correct option:	This is a new registration for Blood Gas			
	This is an update to an existing	g Blood Gas	registration	
If you wish to register multiple instruments, p	olease complete separate enrolm	ent documer	nts for each instru	ument
On each document please state an instrumer	nt identification name here			
Instrument Group Reports Instrument group reports can be provided on request. Please co Inter-Laboratory Group Reports To receive inter-laboratory group reports, please contact RIQA:	·	stributor for more	details.	
Please indicate cycles required in boxes below Cycle 17 January 2025 - December 2025	Cycle 1	8 Januar	y 2026 - December	2026
Please indicate kit required				
RQ9134 - First instrument registered				
RQ9134/a - Every additional instrument registered				
Due to the limited open-vial stability, Blood Gas san RQ9134 for the first instrument registered for this pregistered. Please complete a separate enrolment de	ogramme, and an additional kit of RQ	9134/a for ever		
Primary Contact Details: (CAPITAL LETTE	RS ONLY)			
QA Officer				
Laboratory / Hospital Name				
Department				
Postal Address				
City	State			
Postal / Zip Code Country				
Telephone Number				
Randox Office / Distributor				

		Lab. Reference Nu	ımber		
RIQAS BLOO	D GAS PROGRAMM	E			
Participation on RIQAS rand addition or change of ass details are required for R	CTRONIC CORRESPO equires access to RIQASNet, a we say details. In addition, PDF repor IQASNet. A login will be supplied ormation found on the summary p	eb-based online method for ts can be e-mailed to up to by RIQAS based on "e-mailed"	o 3 e-mail addre	esses. Internet access and login	1
I 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 (Pl	ease write in	capital letters only)	]
E-mail addresses for	additional PDF reports/sum	mary csv files			
E-mail address 2:					
E-mail address 3:					İ
(the customer of RIQAS) (1) I have read and under (2) I understand that the some automatically enrolled should be received by RI (3) I understand that I mu (4) I authorise Randox La	stood the RIQAS policies stated in submission of this enrolment docu in subsequent cycles of this prog QAS 12 weeks prior to the month st inform RIQAS of any changes to boratories Ltd. to send communic	n the most recent Method ment to RIQAS marks the ramme until RIQAS receiv in which the cycle starts. o my contact details, assa ation related to the produc	Questionnaire a beginning of al yes written confuy details or contts and service	associated with this programme n on-going agreement, and I will irmation of my cancellation. This ntract status provided to the e-mail or postal	I
t is possible to inform  1) Completing the 'RE0  2) Adding your own as	FION OF ASSAY RIQAS of your chosen parame GISTRATION OF ASSAY DET say details using RIQASNet of the following options	ters and assay details b			
I wish to ad Lab Refere	d my own assay details via Fince Number from RIQAS I to complete the 'REGISTRATION OF ASS			username, password and	
I wish to inf	orm RIQAS of my assay deta	nils using this enrolme	ent document	t	

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

(please complete all remaining pages of the 'REGISTRATION OF ASSAY DETAILS' section)

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 17043:2010 via Fixed Scope



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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	IO.	<u> </u>		
CHLORIDE				mmol/l	
	VITROS SLIDE GENERATION N	10.			
GLUCOSE				mmol/l	
	VITROS SLIDE GENERATION N	10.			
H+				nmol/l	
LACTATE				mmol/l	
POTASSIUM				mmol/l	
	VITROS SLIDE GENERATION N	10.			
SODIUM				mmol/l	
	VITROS SLIDE GENERATION N	10.			_
Please use this space to c	lescribe "other" method	ds, instruments a	nd reagents	S.	