BNP PROGRAMME

RIQAS

RQ9165

	Lab. Reference Number				
Please tick the correct option:	This is a new registration for BNP				
	This is an update to an existing BNP registration				
If you wish to register multiple instrumen	ts, please complete separate enrolme	ent documents for each inst	rument		
On each document please state an instru	ment identification name here				
Instrument Group Reports Instrument group reports can be provided on request. Plea Inter-Laboratory Group Reports To receive inter-laboratory group reports, please contact F		stributor for more details.			
Please indicate cycles required in boxes	s below				
Cycle 12 January 2025 - December 2025	Cycle 13 January	2026 - December 2026			
Primary Contact Details: (CAPITAL LET	TERS ONLY)				
Laboratory / Hospital Name					
Department					
Postal Address					
City	State				
Postal / Zip Code	Country				
Telephone Number					
Randox Office / Distributor					

RIQAS BNP 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. It is also possible to receive a csv file containing the information found on the summary page of the routine report.

I wish to receive a summary csv file

(csv files must be sent to the same email addresses as the PDF reports)

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

Primary Contact email for RIQASNet/PDF reports/summary csv files (Please write in capital letters only) E-mail address 1:

E-mail addresses for additional PDF reports/summary csv files

	•	,	
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:

I have read and understood the RIQAS policies stated in the most recent Method Questionnaire associated with this programme.
 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 accredited by UKAS TO ISO/IEC 17043:2010 via Flexible Scope

 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



0010

REGISTRATION OF ASSAY DETAILS

ONLY COMPLETE THIS SECTION IF YOU DO NOT INTEND TO REGISTER YOUR METHODS VIA RIQASNET

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

ANALYTE	METHOD CODE	INSTRUMENT	REAGENT	SI UNITS 🗸	OTHER UNITS
BNP				µmol/l	

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