RIQAS

IMMUNOASSAY PROGRAMME RQ9125

	Lab. Reference Number	
Please tick the correct option:	This is a new registration for I	mmunoassay
	This is an update to an existing	g Immunoassay registration
If you wish to register multiple instruments, pleas	e complete separate enrolment do	cuments for each instrument
On each document please state an instrument ic	dentification name here	
Instrument Group Reports Instrument group reports can be provided on request. Please contains	ct RIQAS or your local Randox office or distrib	utor for more details.
Inter-Laboratory Group Reports To receive inter-laboratory group reports, please contact RIQAS dis-	rectly.	
Please indicate cycles required in boxes below		
Cycle 62 January 2025 - June 2025	Cycle 63	July 2025- December 2025
Cycle 64 January 2026 - June 2026	Cycle 65	July 2026 - December 2026
Please indicate kit required	·	12 month
RQ9125/a - Immunoassay Programme (up to 4 analyte	es, bi-weekly samples)	
RQ9125/b - Immunoassay Programme (5-13 analytes,	bi-weekly samples)	
RQ9125/c - Immunoassay Programme (more than 13 a	analytes, bi-weekly samples)	
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		1

			Lab. F	Reference Num	ber		
RIQAS	IMMUN	IOASSAY PRO	GRAMME				
Participation addition or ch details are re	on RIQAS re nange of ass quired for RI	CTRONIC CORR equires access to RIQASN ay details. In addition, PD QASNet. A login will be so formation found on the sun	let, a web-based onli F reports can be e-m upplied by RIQAS ba	ne method for r nailed to up to 3 sed on "e-mail a	e-mail a	ddresses. Internet	access and login
		ummary csv file to the same email addi	esses as the PDF	reports)]	FOR RIQAS USE ON RIQASNet No Date added: By: PDF copies set to csv copies set to	LY
Primary Co E-mail add		I for RIQASNet/PDF re	eports/summary c	sv files (Plea	se write	in capital letter	s only)
E-mail add	resses for	additional PDF report	s/summary csv fil	es			
E-mail add		<u> </u>					
E-mail add	ress 3:						
should be red 3) I understar 4) I authorise addresses sta	ceived by RIG nd that I mus Randox Lab ated on this	subsequent cycles of this QAS 12 weeks prior to the at inform RIQAS of any characteries Ltd. to send condocument permitted to request discl	month in which the anges to my contact mmunication related	cycle starts. details, assay d to the products	details or and serv	contract status ice provided to the	e-mail or postal
It is possible 1) Completi	e to inform	TION OF ASS RIQAS of your chosen BISTRATION OF ASSA say details using RIQAS	parameters and as Y DETAILS' on the	say details by		₹	
Please se	elect one	of the following or	otions				
	and Lab I	add my own assay de Reference Number fro need to complete the 'REGI	m RIQAS			-	, password
		inform RIQAS of my a plete all remaining pages of	,	-			
Please contact F Tel: E-Mail: RIQAS Scheme	RIQAS at +44 (0) 28 mail@riqa Co-ordinator: S		·	·		programme is accredite O/IEC 17043:2010 via	

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0010

Lab. Reference Number

RIQAS IMMUNOASSAY PROGRAMME

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
ACTH				pmol/l	
AFP				U/ml	
ALDOSTERONE				pmol/l	
ANDROSTENEDIONE				nmol/l	
BETA-2-MICROGLOBULIN				μg/ml	
CA 125				U/ml	
CA 15-3				U/ml	
CA 19-9				U/ml	
CARBAMAZEPINE				μmol/l	
CEA				ng/ml	
CORTISOL				nmol/l	
C-PEPTIDE				nmol/l	
DHEA-S				μmol/l	
DHEA-unconjugated				nmol/l	
DIGOXIN				nmol/l	
FERRITIN				ng/ml	
FOLATE				nmol/l	
FSH				mU/ml	
GENTAMYCIN				μmol/l	
GH GH results may only be submitted in ng/r	nl or ug/l if run on an assay which is sta	ndardised to WHO	IS 98/574.	μU/ml	
hCG				mU/mI	
IgE				U/ml	
INSULIN				μU/ml	
LH				mU/mI	
OESTRADIOL				pmol/l	
17-OH-PROGESTERONE				nmol/l	
PARACETAMOL (ACETAMIN.)				mmol/l	
PHENOBARBITAL				μmol/l	
PHENYTOIN				μmol/l	
PROGESTERONE				nmol/l	
PROLACTIN				μU/ml	*

^{*} If choosing ng/ml - kit specific conversion factor must be included (see method questionnaire for more information)

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

PSA, FREE	METHOD CODE	INSTRUMENT	REAGENT	SI UNITS 🗸	OTHER UNITS
				ng/ml	
PSA, TOTAL				ng/ml	
PTH				pmol/l	
PTH (1-84)				pmol/l	
SALICYLATE				mmol/l	
SHBG				nmol/l	
FREE T3				pmol/l	
TOTAL T3				nmol/l	
FREE T4				pmol/l	
ΓΟΤΑL T4				nmol/l	
FREE TESTOSTERONE (Pilot)				pmol/l	
TESTOSTERONE				nmol/l	
THYROGLOBULIN				ng/ml	
THEOPHYLLINE				µmol/l	
ГSH				μU/ml	
VALPROIC ACID				µmol/l	
VANCOMYCIN				µmol/l	
VITAMIN B12				pmol/l	
1-25-(OH)2-VITAMIN D (Pilot)				pmol/l	
25-OH-VITAMIN D				nmol/l	