RIQAS

MONTHLY SPECIFIC PROTEINS PROGRAMME

RQ9187

	Lab. Referen	ce Number			
Please tick the correct option:	This is a new registration for Monthly Specific Proteins				
	This is an update to an e	existing Monthly S	Specific Proteins registration		
If you wish to register multiple instrum	ents, please complete separat	e enrolment doc	uments for each instrument		
On each document please state an ins	trument identification name h	nere			
Instrument Group Reports Instrument group reports can be provided on request.	Please contact RIQAS or your local Ran	dox office or distributor	r for more details.		
Inter-Laboratory Group Reports To receive inter-laboratory group reports, please conta	act RIQAS directly.				
Please indicate cycles required in boxes	shelow				
Cycle 5 March 2024 - February 2025	—	Cycle 6 Ma	arch 2025 - February 2026		
Primary Contact Details: (CAPITAL					
QA Officer					
Laboratory / Hospital Name					
Department					
Postal Address					
City		State			
Postal / Zip Code	Country				
Telephone Number					
Randox Office / Distributor					

RIQAS MONTHLY SPECIFI	C PROTEINS PROGRAMME
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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)



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:

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

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

RIQAS MONTHLY SPECIFIC PROTEINS 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 \checkmark 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.

ANALYTE	METHOD CODE	INSTRUMENT	REAGENT	SI UNITS 🗸	OTHER UNITS
AFP				U/ml	
ALBUMIN				g/l	
	VITROS SLIDE GENERATION NO.				
ALPHA-1-ACID GLYCOPROTEIN				g/l	
ALPHA-1-ANTITRYPSIN				g/l	
ALPHA-2-MACROGLOBULIN				g/l	
ANTITHROMBIN III				mg/l	
ANTI STREPTOLYSIN O				IU/ml	
BETA-2-MICROGLOBULIN				mg/l	
CAERULOPLASMIN				g/l	
COMPLEMENT C3				g/l	
COMPLEMENT C4				g/l	
C-REACTIVE PROTEIN				mg/l	
	VITROS SLIDE GENERATION NO.				
FERRITIN				µg/l	
HAPTOGLOBIN				g/l	
IMMUNOGLOBULIN A				g/l	
IMMUNOGLOBULIN E				IU/ml	
IMMUNOGLOBULIN G				g/l	
IMMUNOGLOBULIN M				g/l	
KAPPA LIGHT CHAIN FREE				mg/l	
KAPPA LIGHT CHAIN, TOTAL				g/l	
LAMBDA LIGHT CHAIN FREE				mg/l	
LAMBDA LIGHT CHAIN, TOTAL				g/l	
PREALBUMIN				g/l	
RETINOL BINDING PROTEIN				mg/l	
RHEUMATOID FACTOR				U/ml	
TRANSFERRIN				g/l	

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