# RIQAS serology chagas programme

### RQ9208

	Lab. Refe	erence Nu	ımber		
Please tick the correct option:	This is a new registration This is an update to an existing registration				
If you wish to register multiple instrumen				for each inst	rument
On each document please state an instru	ment identification nam	e here			
Please indicate cycles required in boxes	s below				
Cycle 1 March 2025 - February 2026		Cycle 2	March 2026 - Februa	ary 2027	
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 CHAGAS PROGRAMME**

### **RIQASNet - ELECTRONIC CORRESPONDENCE**

Lab. Reference Number

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.

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

### Primary Contact email for RIQASNet/PDF reports (Please write in capital letters only)

E-mail address 1:

E-mail addresses for additional PDF reports

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**

Please complete the 'REGISTRATION OF ASSAY DETAILS' on the following pages

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

THIS PROGRAMME IS NOT ACCREDITED TO ISO/IEC 17043:2010

 Please contact RIQAS at

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 RIQAS Schewer Co-ordinator: Sarah Fleck

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Lab. Reference Number

### RIQAS SEROLOGY CHAGAS PROGRAMME

### **REGISTRATION OF ASSAY DETAILS**

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

Please note: RATIO results or Serum/Cut Off results are not accepted as quantitative results on this programme. Results in this format should only be submitted as screening results Please indicate your requirements by writing in the boxes below. Current participants should complete the document only for method changes.

ANALYTE	METHOD CODE	INSTRUMENT	REAGENT	OTHER UNITS
Trypanosoma cruzi				

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

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