

UK National External Quality Assessment Scheme for Pregnancy Testing

Thank you for your interest in these schemes. Please provide all information requested in the tables below, i.e. full contact information for your laboratory and details of the participation required. [If your laboratory already participates in any UK NEQAS [Edinburgh] schemes your laboratory number will be sufficient.]

Laboratory contact information

Contact name:		Telephone number:	
Department:		Fax number:	
Hospital:		E-mail:	
Street:			
Town:			
Country:		UK NEQAS Lab Number (if known):	
Postal code:			
Department head:			

Qualitative pregnancy testing

Method used by parent or hub laboratory:

--

If your laboratory wishes to enrol point-of-care testing (POCT) sites, please provide the information in the following table, using a second sheet if required.

	POCT site identifier (e.g. A&E)	Method (if different from parent or hub laboratory)	Preferred mnemonic (6 characters or less, e.g. A&E)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Quantitative pregnancy testing

Method	Sub-method (if relevant)	Units (e.g. U/L)

If you have modified the kit or protocol recommended by the manufacturer in any way, please attach full details.

Please return this form as soon as possible by fax to +44 131 242 6882 or by e-mail to ukneqas@ed.ac.uk. Many thanks!