

Registration - UK National External Quality Assessment Scheme for PLGF (Pilot)

Thank you for your interest in this Pilot scheme. Please provide all the information requested below.

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:			

Aneuploidy screening using PLGF

- | | | |
|--|-----|----|
| 1. We already measure PLGF for aneuploidy screening. | Yes | No |
| 2. We are considering measuring PLGF for aneuploidy screening. | Yes | No |

Pre-eclampsia screening using PLGF

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|---|-----|----|
| 3. We already measure PLGF for pre-eclampsia screening. | Yes | No |
| 4. We are considering measuring PLGF for pre-eclampsia screening. | Yes | No |

PLGF – Analytical method and units for reporting

5. Please indicate the PLGF method that you currently use or are likely to use, e.g. Alere, Brahms, PerkinElmer AutoDelfia, PerkinElmer Delfia Xpress, Roche or other (please specify):
- _____

6. Please indicate the units (e.g. ng/L) in which you are reporting / will report PLGF results. _____

PLGF – Risk calculations

- | | | |
|---|-----|----|
| 7. Are you calculating Down's syndrome risks using PLGF? | Yes | No |
| 8. If yes, please state which software you are using. _____ | | |
| 9. Are you calculating risks for pre-eclampsia using PLGF? | Yes | No |
| 10. If yes, please state which software you are using _____ | | |

PLGF – sFit1

- | | | |
|---|-----|----|
| 11. Are you measuring or planning to measure sFit1? | Yes | No |
|---|-----|----|

Please return your completed questionnaire as soon as possible by e-mail to uknegas@ed.ac.uk or by fax to +44 131 242 6882. Many thanks for your interest.