**UK National External Quality Assessment Scheme for Pregnancy Testing**

Thank you for your interest in this scheme. Please provide all information requested in the tables below, i.e. full contact information for your laboratory and details for each of the analytes for which you wish to participate. 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:** |  | **E-mail address:** |  |
| **Hospital:** |  | **EORI number:**  *(if applicable)* |  |
| **Street:** |  |  | |
| **Town:** |  | **VAT registration:**  *(if applicable)* |  |
| **Country:** |  |  | |
| **Postal code:** |  | **Department head:** |  |
|  |  |  |  |
| **Additional comments** (e.g., invoicing address if different) | | **UK NEQAS**  **Lab number**  *(if known)* |  |

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| **Qualitative pregnancy testing** | | | | | |
| Please indicate the locations of all registrations required in the table below, using a second sheet if required. | | | | | |
|  | **Main lab number or POCT site identifier**  (e.g., Accident & Emergency) | | **Method**  (e.g., Alere hCG) | | **Preferred mnemonic** (e.g., A&E) |
| **1.** |  | |  | |  |
| **2.** |  | |  | |  |
| **3.** |  | |  | |  |
| **4.** |  | |  | |  |
| **5.** |  | |  | |  |
| **6.** |  | |  | |  |
| **7.** |  | |  | |  |
| **8.** |  | |  | |  |
| **9.** |  | |  | |  |
| **10.** |  | |  | |  |
| **11.** |  | |  | |  |
| **12.** |  | |  | |  |
|  | | |  |  | |
| **Quantitative pregnancy testing** | | | | | |
| **Method** (e.g., Roche Elecsys) | | **Sub-method** (e.g, e601) | | **Reporting units** (e.g., U/L) | |

**Please return this form as soon as possible by e-mail to** [**ukneqas@ed.ac.uk**](mailto:ukneqas@ed.ac.uk)**. Many thanks!**