**UK National External Quality Assessment Scheme for 1st Trimester Maternal Serum Screening**

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 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)* | |  |
|  | | |  | |  |
| **Pregnancy associated plasma protein-A (PAPP-A)** | | | | | |
| **Method** (e.g, Brahms Kryptor) | | **Sub-method** (e.g, Gold) | | **Reporting units** (e.g., U/L) | |
|  | |  | |  | |
| **Human chorionic gonadotrophin beta-subunit (hCGβ)** | | | | | |
| **Method** (e.g, Brahms Kryptor | | **Sub-method** (e.g, Gold) | | **Reporting units** (e.g., U/L) | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Risk assessment** | Please indicate in the table below the risks your lab wishes to report | | | | | |
| **Trisomy 21 risk** (Down’s syndrome) | | **At sampling** | |  | **At term** | |
| Risk – biochemistry only | | Yes | |  | Yes | |
| Risk – biochemistry + nuchal translucency | | Yes | |  | Yes | |
| **Trisomy 13 risk** (Patau’s syndrome) | |  |  |  |  |  |
| Risk – biochemistry only | | Yes | |  | Yes | |
| Risk – biochemistry + nuchal translucency | | Yes | |  | Yes | |
| **Trisomy 18 risk** (Edward’s syndrome) | |  |  |  |  |  |
| Risk – biochemistry only | | Yes | |  | Yes | |
| Risk – biochemistry + nuchal translucency | | Yes | |  | Yes | |
| **Combined Trisomy 13/18 risk** | |  |  |  |  |  |
| Risk – biochemistry only | | Yes | |  | Yes | |
| Risk – biochemistry + nuchal translucency | | Yes | |  | Yes | |

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