**UK NEQAS scheme for Second Trimester Screening for Neural Tube Defects**

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)* | |  |
|  | | | |  | |  |
| **Alpha-fetoprotein (AFP)** | | | | | | |
| **Method** (e.g, Brahms Kryptor) | | | **Sub-method** (e.g, Gold) | | **Reporting units** (e.g., U/L) | |
|  | | |  | |  | |
| **Risk calculation** | | Please indicate in the table below the risks your lab wishes to report. | | | | |

|  |  |  |
| --- | --- | --- |
| Risk at sampling | Yes | No |
| Risk at term | Yes | No |

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