**UK National External Quality Assessment Scheme for Pre-eclampsia Markers (Pilot)**

Thank you for your interest in this pilot 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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| **Placental growth factor (PLGF)** [ ]  |
| **Method** (e.g., Roche Elecsys) | **Sub-method** (e.g, e601) | **Reporting units** (e.g., ng/L) |
|  |  |  |
| **Soluble fms-like tyrosine kinase 1 (sFlt-1)** [ ]  |
| **Method** (e.g., Roche Elecsys) | **Sub-method** (e.g, e601) | **Reporting units** (e.g., ng/L) |
|  |  |  |
| **sFlt-1/PLGF ratio** [ ]  |
|  |  |  |
| **Risk calculations** [ ]  |
| *Please provide details of any additional risk calculations (e.g., for Down’s syndrome if relevant) and indicate whether multiples of the median are calculated.* |

**Please return this form as soon as possible by e-mail to** **ukneqas@ed.ac.uk****. Many thanks!**