

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 <input type="checkbox"/>			
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 <input type="checkbox"/>		
Method (e.g., Roche Elecsys)	Sub-method (e.g., e601)	Reporting units (e.g., U/L)

*Conditions of participation can be found in our Participants' Handbook at www.edqas.org

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