



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) Repo		Reporting u	nits (e.g., U/L)
However the standard and the state of the standard s					
Human chorionic gonadotrophin beta-subunit Method (e.g, Brahms Kryptor Sub-method		Sub-method (e.g	• /		
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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 Risk – biochemistry + nuchal translucency			Yes		Yes 🗆
Combined Trisomy 13/18 risk			Yes		Yes 🗆
Risk – biochemist		Yes		Yes 🗆	
Risk – biochemistry + nuchal translucency			Yes		Yes 🗆
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*Conditions of participation can be found in our Participants' Handbook at www.edgas.org

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

