

### 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)	<b>UK NEQAS</b> <b>Lab number</b> (if known)	
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Alpha-fetoprotein (AFP) <input type="checkbox"/>		
Method (e.g, Brahms Kryptor)	Sub-method (e.g, Gold)	Reporting units (e.g., U/L)

<b>Risk calculation</b> <input type="checkbox"/>	Please indicate in the table below the risks your lab wishes to report.
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Risk at sampling	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Risk at term	Yes <input type="checkbox"/>	No <input type="checkbox"/>

\*Conditions of participation can be found in our Participants' Handbook at [www.edqas.org](http://www.edqas.org)

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