

UK National External Quality Assessment Scheme for Pre-eclampsia Markers

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

Soluble fms-like tyrosine kinase 1 (sFlt-1) <input type="checkbox"/>		
Method (e.g., Roche Elecsys)	Sub-method (e.g., e601)	Reporting units (e.g., ng/L)

sFlt-1/PLGF ratio <input type="checkbox"/>
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Risk calculations <input type="checkbox"/>
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.

*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!