

UK NEQAS FOR BLOOD COAGULATION: REGISTRATION 2009/2010

Please give details for distribution of survey materials and reports.

Participant's name:

Position:

ALL DETAILS MUST BE COMPLETED

Postal address:

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If this is an additional registration please state existing participant number(s):

.....

.....

.....

Tel: _____

Fax: _____

Email: _____

Additional named person for copies of reports: Please give details if distribution of an additional report is required:

.....

.....

Tel: _____

Fax: _____

Email: _____

Please indicate below for which investigations you wish to be registered. Registration will carry an obligation to participate as and when the tests are included in NEQAS surveys. Please complete the list as necessary. (Y for Yes; N for No)

REPORT ONLY (): For commercial companies requiring copies of the overall survey report without active participation.

Level 1 participation:

Prothrombin Time for oral anticoagulant control:

- 1. () Quick's one stage method
- 2. () Capillary reagent method

- 16. () Factor IX:C assay
- 17. () Factor X assay
- 18. () Factor XI assay
- 19. () Factor XII assay

Prothrombin Time for diagnosis;

- 3. () Quick's one stage method.
- 4. () Activated Partial Thromboplastin Time
- 5. () Thrombin Time
- 6. () Heparin Dosage Assessment
- 7. () Heparin assay
- 8. () Fibrinogen: PT-derived
- 9. () : Clauss
- 10. () XDP/D-dimer assay
- 11. () Lupus anticoagulant

- 20. () Factor XIII screen/assay
- 21. () Quantitative VIII inhibitor
- 22. () Von Willebrand Factor antigen
- 23. () VWF: RCo (activity)
- 24. () VWF collagen Binding Assay
- 25. () Antithrombin antigen
- 26. () Antithrombin activity
- 27. () Protein C antigen
- 28. () Protein C activity

Level 2 participation:

- 12. () Factor II assay
- 13. () Factor V assay
- 14. () Factor VII assay
- 15. () Factor VIII:C assay

- 29. () Protein S total antigen
- 30. () Protein S free antigen
- 31. () Protein S activity
- 32. () Plasminogen
- 33. () Activated Protein C resistance

ACCOUNT DETAILS: 2009/2010

1. Please give title, name, address, telephone and Fax numbers of the Head of Department or person responsible for raising a Purchase Order No.:

..... **Please state Purchase Order No:**
.....
..... Tel:
..... Fax:

2. Please give name and address details for invoicing, if different to above:

.....
.....
..... Tel:
..... Fax:

3. Discounts will apply to centres registering for web-based entry of results and receipt of reports. Web-registered centres will not receive hard copies of survey results sheets or reports.

Please tick if you wish to be registered for web-based data entry/reporting:

4. Do you wish to receive samples for testing and performance analysis, or reports only? (Please tick).

Samples & reports: Overall reports only:

Please return your completed forms to the Scheme Manager