



Enrollment Form

External Quality Assurance Scheme

RML QUALITY ASSURANCE PROGRAM

B-171, NIRALA NAGAR LUCKNOW-226 020 U.P. INDIA

QUALITY ASSURANCE PROGRAM (QAP) Cycle 13 – 2024



Welcome to the RML QAP Program 2024.

RML QAP Program is one of the oldest, largest, most cost effective, Accredited Clinical Laboratory QAP Program of India, running since past 13 years. Its goal is to provide top quality assurance program that would help in raising the quality standards of the participating labs in a most cost effective manner.

The QAP program is projected to develop awareness about Quality Assurance in various fields of clinical lab in India.

The team of RML QAP offers **India's first NABL ISO/IEC 17043:2010 accredited SARS CoV-2 QAP**. For Anti-natal screening, Molecular PCR, Breast IHC module, Histo-chemistry, Protein and Hemoglobin electrophoresis, we have successfully completed the pilot program and now awaiting for accreditation.

The new cycle of Quality Assurance Program [QAP] shall begin in January 2024. Registration is open for National and International Participants.

- Basic Biochemistry
- Extended Biochemistry
- Basic Serology
- Extended Serology
- Microbiology
- Hematology
- HbA1c
- Histopathology
- Cytopathology
- Clinical pathology
- Molecular Pathology
- Immunology
- ANA - IFA
- Protein Electrophoresis
- Histo Special Stains
- Hemoglobin Variant Analysis
- Molecular PCR Programs
- IHC- Breast Module
- Maternal Screening Markers

Introducing **NEW QAP PROGRAMMES** For year **2024***

MYCOLOGY QAP PROGRAMME

- Yeast like and Filamentous Fungi

ROUTINE IHC MODULE

- Pan Cytokeratin (PCK)
- CK-7
- CK-20
- CK-5/6
- P-63
- Vimentin
- Desmin
- GATA 3
- S-100
- CD-45 (LCA)
- CD-3
- CD-20
- CD-68
- CD-34
- BCL 2
- BCL 6
- Napsin - A
- Chromogenin A
- Synaptophysin
- PAX 5
- CEA

DIGITAL HEMATOLOGY PROGRAMME

- Blood Cell Morphology Programme

MOLECULAR PCR PROGRAMME

- PCR Malaria

ANA PROFILE

- Line Immuno Assay For Antigens -
dsDNA, Nucleosome, Histone, SmD1, PCNA, PO (RPP), SS-A/Ro60,
SS-A/Ro52, SS-B/La, CENP-B, Scl70, U1-snRNP, Jo-1, PM-Scl, Mi-2, Ku, DFS70

EXTENDEND THYROID PROGRAMME

- TSH, T3, T4, FT3, FT4, Anti-TPO, Anti-TG

In the year 2024, we are introducing few New QAP Programs additions to the various fields of Clinical Labs. These new QAP programs are introduced keeping in view the challenges faced by the Clinical Laboratory.

Evaluation of the report is based on ISO 13528:2022 - statistical methods for use in proficiency testing by Inter-Laboratory Comparison.

PT Coordinators

Dr Supriya Mehrotra/ Mr Jaimit Singh

RML RESEARCH FOUNDATION SOCIETY QAP PROGRAM

LUCKNOW

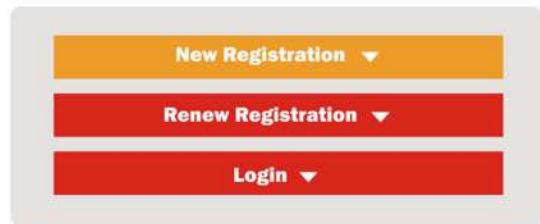
ENROLLMENT PROCESS

We kindly request you to ensure the completion of the enrollment process prior to the 31st of December 2023.

(A) For NEW PARTICIPANTS

please follow the steps below for first time registration:

- Visit our registration portal at www.rmlqap.com.
- Click on "New Registration."

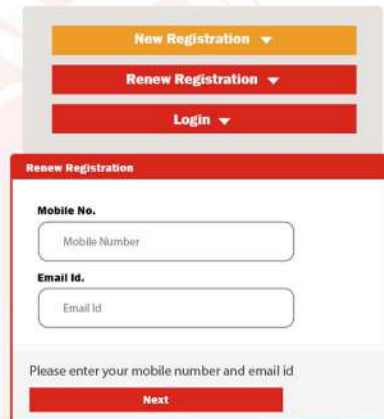


- Provide the mobile number and email ID of the primary contact person representing your organization.
- Click "Next" to proceed to the next step.
- Fill out the entire registration form with the required details.
- Select the plan that you wish to enroll in.
- Make the online payment by click Pay Now.
- After payment save or print invoice.

(B) For EXISTING PARTICIPANTS

please follow the steps below for Renewal or adding new field:

- Visit our registration portal at www.rmlqap.com.
- Click on "Renew Registration."

A screenshot of the 'Renew Registration' form. It features a header with three buttons: 'New Registration', 'Renew Registration', and 'Login'. Below the header, there are two input fields: 'Mobile No.' and 'Email Id'. A red 'Next' button is at the bottom. A red box highlights the 'Renew Registration' button in the header and the 'Next' button at the bottom. An arrow from the text above points to the 'Renew Registration' button in the header.

- Provide the registered mobile number and registered email ID of the primary contact person which is previously registered.
- Click "Next" to proceed to the next step Or Login with your login id and password Select Renewal



- Select the plan that you wish to enroll in.

(C) PAYMENT

- Kindly pay online through **NEFT include 18% GST** on the total amount.
- Bank Detail Account Name:- RML Quality Assurance Pvt. Ltd.
 BANK NAME:- ICICI BANK LTD.
 Account No :- 777705170560
 IFSC Code :- ICIC0001047
- Sent the copy of your enrollment form and payment receipt at qap@rmlqap.com

GENERALINSTRUCTION

1. Each cycle will start from January and end in December. The participants are allowed to register anytime during the cycle by paying FULL REGISTRATION FEE which will be valid till end of that cycle.
2. The certificate of participation will be issued after the completion of the cycle at the end of the year.
3. The certificate WILL NOT BE issued in individual's name, but only on the name of organization/laboratory.
4. Please check the status of sample as soon as you receive and inform us within 5 days. After 5 days there will be no replacement of any broken slide or vial.
5. The participants are requested to update the results before the last date of submission.
6. The participants are requested to clearly mention LAB CODE in all your correspondence.
7. Please do not share or discuss the results with other participants before uploading the results.
8. Dispatch of samples, result submission date and result dispatch date for each round for each field will be done as per the year calendar plan for 2024, which will be shared with you after enrollment and registration.
9. The delay of dispatch of samples/results due to unavoidable situation beyond our control will be informed by email provided by participants.
10. Sample dispatch tracking details will be shared to participants once cycle starts and you are advised to follow that. Tracking of sample is the responsibility of participants, Lab is no longer responsible for that.
11. If any participant wants to withdraw from the program, then it should be informed in writing and the hard copy should be sent by post. Only email will not be considered as cancellation request. No refund will be given if any participant want to withdraw in mid of the cycle.

The participants are also requested to send us a scanned copy of duly filled registration form with method questionnaire on our registered email id (qap@rmlqap.com).

RML QAP ENROLLMENT DETAILS

Cycle-13 Year-2024

Please Fill, Sign and Stamp the form (Every details is mandatory)

Please Fill the Form in Capital Letters

REGISTRATION

New Registration: Yes No • If yes-RML QAP Lab Code

Renewal Registration: Yes No

*If Participated earlier, discontinued and wants to rejoin, mention the old lab number

Laboratory Details

Name of Laboratory :

Organization : (i) Government (ii) Private

ISO 15189 : (i) Accredited (ii) Applied for

 (iii) Non-Accredited

NABL : (i) Accredited (ii) Applied for

 (iii) Non-Accredited

Size of Lab : (i) Small Lab (1-100 Patient per Day)

 (ii) Medium (100-400 Patient per Day)

 (iii) Large (more than 400 Patient per day)

Address of Laboratory

Name of Director/ Owner :

Address :

City : State: PinCode:

Phone Number : Mobile Number :

Email Address :

Name of Pathologist

Name of Microbiologist

Name :	Name :
Phone No. :	Phone No. :
E-Mail :	E-Mail :

Name of Contact Person

Name :

Phone No. :

E-Mail :

Please Provide only one email/ Phone Number for further Communication.

Plan Code	Plan Name	Parameters	Registration Fee+Program Charges. # [GST Extra (18%)]	Round	Please Select
CLINICAL BIOCHEMISTRY					
BIO-01	Clinical Biochemistry (BIO 01)	<ul style="list-style-type: none"> • Total Protein • Albumin • Total Bilirubin • SGOT • SGPT • Alkaline Phosphatase • Urea • Creatinine • Sodium • Potassium • Total Calcium • Uric Acid • Total Cholesterol • HDL • Triglyceride • Glucose 	5300	12	<input type="checkbox"/>
BIO-02	Extended Clinical Biochemistry (BIO 02)	<ul style="list-style-type: none"> • Total Protein • Albumin • Total Bilirubin • SGOT • SGPT • Alkaline Phosphatase • Urea • Creatinine • Sodium • Potassium • Total Calcium • Uric Acid • Total Cholesterol • HDL • Triglyceride • Glucose • Chloride • Phosphorus • Magnesium • Iron • Amylase • CK 	5900	12	<input type="checkbox"/>
BIO - 03	HbA1C	<ul style="list-style-type: none"> • HbA1c 	4900	4	<input type="checkbox"/>
BIO - 04	Protein Electrophoresis	<ul style="list-style-type: none"> • Protein Electrophoresis 	7300	4	<input type="checkbox"/>
BIO-05*	Extendend Thyroid Programme	<ul style="list-style-type: none"> • TSH • T4 • T3 • FT4 • FT3 • Anti-TPO • Anti-TG 	4500	12	<input type="checkbox"/>
CLINICAL IMMUNOLOGY					
IMMUNO	Immunology	<ul style="list-style-type: none"> • TSH • T4 • T3 • Prolactin • LH • FSH • Progesterone • Testosterone • Estradiol • Cortisol* 	3500	12	<input type="checkbox"/>

Plan Code	Plan Name	Parameters	Registration Fee+Program Charges. # [GST Extra (18%)]	Round	Please Select
SEROLOGY					
SERO-01	Basic Serology (Sero 01)	<ul style="list-style-type: none"> C-Reactive Protein HBsAg Anti HCV RPR Rheumatoid Factor IgM/IgG ASO Titre Typhoid IgM Typhoid IgG Dengue IgM Dengue IgG Dengue NS1* HIV 	3500	6	<input type="checkbox"/>
SERO-02	Extended Serology	<ul style="list-style-type: none"> TORCH-IgM TORCH-IgG Anti-HBC IgM Anti-HBC Total Anti-HBe HEV IgM HAV IgM Brucella-IgG Brucella-IgM Leptospira -IgM 	3500	2	<input type="checkbox"/>
CLINICAL HEMATOLOGY					
HEMAT-01	Hematology	<ul style="list-style-type: none"> Haemoglobin WBC RBC Hematocrit Digital Hematology Program* MCV MCH MCHC Platelet Count 	5900	6	<input type="checkbox"/>
HEMAT-02*	Digital Hematology	<ul style="list-style-type: none"> Blood Cell Morphology Programme 	2500	6	<input type="checkbox"/>
HEMAT-03	Hemoglobin Electrophoresis	<ul style="list-style-type: none"> Hemoglobin Variants 	7300	4	<input type="checkbox"/>
MICROBIOLOGY					
MICRO-01	Microbiology	<ul style="list-style-type: none"> Part A- Unstained fixed smears 	5000	6	<input type="checkbox"/>
MICRO-02*	Mycology	<ul style="list-style-type: none"> Part B-Culture vials. Yeast like and Filamentous fungi 	5000	6	<input type="checkbox"/>
CLINICAL PATHOLOGY					
Urine-R	Urine Routine Analysis	<ul style="list-style-type: none"> Specific Gravity pH Leukocyte Nitrite Urinary Protein total Glucose Ketone Bodies Urobilinogen Bilirubin Total Blood Hb 	4900	12	<input type="checkbox"/>
ANTINUCLEAR ANTIBODIES (ANA-IFA)					
IFA	Antinuclear Antibodies (ANA-IFA)	<ul style="list-style-type: none"> ANA 	4100	4	<input type="checkbox"/>

Plan Code	Plan Name	Parameters	Registration Fee+Program Charges. #	Round	Please Select
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[GST Extra (18%)]

ANA PROFILE (LINE IMMUNO ASSAY)

ANA Profile	ANA Profile (Line Blot)	<ul style="list-style-type: none"> dsDNA Nucleosome Histone SmD1 PCNA PO (RPP) SS-A/Ro60 SS-A/Ro52 SS-B/La CENP-B Scl70 U1-snRNP Jo-1 PM-Scl Mi-2 Ku DFS70 	5200	2	<input type="checkbox"/>
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ANTI-NATAL SCREENING (MATERNAL SCREEN)

Maternal Screen	Anti-natal test	<ul style="list-style-type: none"> Total HCG Free B-HCG AFP PAPP-A E3 INHIBIN-A 	6600	2	<input type="checkbox"/>
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HISTOPATHOLOGY

HISTO-01	Histopathology	<ul style="list-style-type: none"> Part A (Tissue) Part B(Stained slide) Part C (Virtual slides) 	6400	6/6	<input type="checkbox"/>
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HISTO-02 Special Stain	Histopathology-Histochemistry	<ul style="list-style-type: none"> Verhoeff-van Gieson's(VG) Masson's Trichrome (MT) Stain Periodic Acid-Schif (PAS) Reticulin 	4400	2	<input type="checkbox"/>
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HISTO IHC-00	Breast IHC Module	<ul style="list-style-type: none"> ER-a PR HER2/neu Ki67 	5000	2	<input type="checkbox"/>
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Routine IHC Module

Histo IHC-01*		<ul style="list-style-type: none"> Pan Cytokeratin (PCK) 	1500	2	<input type="checkbox"/>
Histo IHC-02*		<ul style="list-style-type: none"> CK-7 	1500	2	<input type="checkbox"/>
Histo IHC-03*		<ul style="list-style-type: none"> CK-20 	1500	2	<input type="checkbox"/>
Histo IHC-04*		<ul style="list-style-type: none"> CK-5/6 	1500	2	<input type="checkbox"/>
Histo IHC-05*		<ul style="list-style-type: none"> P-63 	1500	2	<input type="checkbox"/>
Histo IHC-06*		<ul style="list-style-type: none"> Vimentin 	1500	2	<input type="checkbox"/>
Histo IHC-07*		<ul style="list-style-type: none"> Desmin 	1500	2	<input type="checkbox"/>
Histo IHC-08*		<ul style="list-style-type: none"> GATA 3 	1500	2	<input type="checkbox"/>
Histo IHC-09*		<ul style="list-style-type: none"> S-100 	1500	2	<input type="checkbox"/>
Histo IHC-10*		<ul style="list-style-type: none"> CD-45 (LCA) 	1500	2	<input type="checkbox"/>
Histo IHC-11*		<ul style="list-style-type: none"> CD-3 	1500	2	<input type="checkbox"/>
Histo IHC-12*		<ul style="list-style-type: none"> CD-20 	1500	2	<input type="checkbox"/>
Histo IHC-13*		<ul style="list-style-type: none"> CD-68 	1500	2	<input type="checkbox"/>
Histo IHC-14*		<ul style="list-style-type: none"> CD-34 	1500	2	<input type="checkbox"/>
Histo IHC-15*		<ul style="list-style-type: none"> BCL 2 	1500	2	<input type="checkbox"/>
Histo IHC-16*		<ul style="list-style-type: none"> BCL 6 	1500	2	<input type="checkbox"/>
Histo IHC-17*		<ul style="list-style-type: none"> Napsin - A 	1500	2	<input type="checkbox"/>
Histo IHC-18*		<ul style="list-style-type: none"> Chromogenin A 	1500	2	<input type="checkbox"/>
Histo IHC-19*		<ul style="list-style-type: none"> Synaptophysin 	1500	2	<input type="checkbox"/>
Histo IHC-20*		<ul style="list-style-type: none"> PAX 5 	1500	2	<input type="checkbox"/>
Histo IHC-21*		<ul style="list-style-type: none"> CEA 	1500	2	<input type="checkbox"/>

Charges Applicable for National Participants only, For International Participants Kindly contact at qap@rmlqap.com
 * New QAP Programs year 2024 (Pilot Programs)

Plan Code	Plan Name	Parameters	Registration Fee+Program Charges. # [GST Extra (18%)]	Round	Please Select
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CYTOPATHOLOGY PROGRAM

CYTO	Cytopathology	<ul style="list-style-type: none"> Virtual Slides 	5400	6	<input type="checkbox"/>
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MOLECULAR PCR PROGRAM

MOL PCR-00	SARS-CoV-2	<ul style="list-style-type: none"> SARS-CoV-2 	8200	2	<input type="checkbox"/>
MOL PCR-01	HBV DNA Quantitative	<ul style="list-style-type: none"> HBV DNA Quantitative 	7300	2	<input type="checkbox"/>
MOL PCR-02	HCV RNA Quantitative	<ul style="list-style-type: none"> HCV RNA Quantitative 	7300	2	<input type="checkbox"/>
MOL PCR-03	Dengue-RNA	<ul style="list-style-type: none"> Dengue-RNA 	7300	2	<input type="checkbox"/>
MOL PCR-04	Chikungunya-RNA	<ul style="list-style-type: none"> Chikungunya-RNA 	7300	2	<input type="checkbox"/>
MOL PCR-05	HPV-DNA	<ul style="list-style-type: none"> HPV-DNA 	7300	2	<input type="checkbox"/>
MOL PCR-06	MTB-DNA	<ul style="list-style-type: none"> MTB-DNA 	7300	2	<input type="checkbox"/>
MOL PCR-07	NTM-DNA	<ul style="list-style-type: none"> NTM-DNA 	7300	2	<input type="checkbox"/>
MOL PCR-08	HLA-B27 DNA	<ul style="list-style-type: none"> HLA-B27 DNA 	7300	2	<input type="checkbox"/>
MOL PCR-09*	PCR Malaria	<ul style="list-style-type: none"> PCR Malaria 	7300	2	<input type="checkbox"/>



Plan Code	Plan Name	Parameters	Registration Fee+Program Charges.# [GST Extra (18%)]	Round	Please Select
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New QAP Programs year 2024*

MICRO-02*	Mycology	<ul style="list-style-type: none"> • Yeast like and Filamentous fungi 	5000	6	<input type="checkbox"/>
Histo IHC-04*	Routine IHC Module	• Pan Cytokeratin (PCK)	1500	2	<input type="checkbox"/>
		• CK-7	1500	2	<input type="checkbox"/>
		• CK-20	1500	2	<input type="checkbox"/>
		• CK-5/6	1500	2	<input type="checkbox"/>
		• P-63	1500	2	<input type="checkbox"/>
		• Vimentin	1500	2	<input type="checkbox"/>
		• Desmin	1500	2	<input type="checkbox"/>
		• GATA 3	1500	2	<input type="checkbox"/>
		• S-100	1500	2	<input type="checkbox"/>
		• CD-45 (LCA)	1500	2	<input type="checkbox"/>
		• CD-3	1500	2	<input type="checkbox"/>
		• CD-20	1500	2	<input type="checkbox"/>
		• CD-68	1500	2	<input type="checkbox"/>
		• CD-34	1500	2	<input type="checkbox"/>
		• BCL 2	1500	2	<input type="checkbox"/>
		• BCL 6	1500	2	<input type="checkbox"/>
		• Napsin - A	1500	2	<input type="checkbox"/>
		• Chromogenin A	1500	2	<input type="checkbox"/>
		• Synaptophysin	1500	2	<input type="checkbox"/>
		• PAX 5	1500	2	<input type="checkbox"/>
• CEA	1500	2	<input type="checkbox"/>		
HEMAT-02*	Digital Hematology	<ul style="list-style-type: none"> • Blood Cell Morphology Programme 	2500	6	<input type="checkbox"/>
MOL PCR-09*	Molecular PCR Programme	<ul style="list-style-type: none"> • PCR Malaria 	7300	2	<input type="checkbox"/>
ANA Profile* (Western Blot)	ANA Profile	<ul style="list-style-type: none"> • dsDNA • Nucleosome • Histone • SmD1 • PCNA • PO (RPP) • SS-A/Ro60 • SS-A/Ro52 • SS-B/La • CENP-B • Scl70 • U1-snRNP • Jo-1 • PM-Scl • Mi-2 • Ku • DFS70 	5200	2	<input type="checkbox"/>
BIO-05*	Extendend Thyroid Programme	<ul style="list-style-type: none"> • TSH • T4 • T3 • FT4 • FT3 • Anti-TPO • Anti-TG 	4500	12	<input type="checkbox"/>

Charges Applicable for National Participants only, For International Participants Kindly contact at : qap@rmlqap.com
 * New QAP Programs year 2024 (Pilot Programs)

Bank Account Details for NEFT

- Account Name : RML Quality Assurance Pvt. Ltd.
- Account No. : 777705170560
- Name of the Bank : ICICI BANK LTD.
- City, State & Country : Lucknow, 226020 Uttar Pradesh & India
- IFSC Code : ICIC0001047
- GSTIN : 09AANCR0116Q1ZW

Participant Transaction No. _____

Participant GST No. _____

Transaction Amount _____ Transaction Date _____

Bank Name & Branch _____

Correspondance Address

PT Co-ordinator RML Quality Assurance Program
B-171, Nirala Nagar Lucknow- 226020 Tel.No. 0522-4034100/ 7518077222
Email ID: qap@rmlqap.com

Declaration

I/We _____ for _____ (Name of Lab)

Hereby declare that, I am /we are joining the RML - QAP on purely voluntary basis and that, I shall /we will abide by the regulation laid in the Program.

Date _____

Stamped & Signed by
Authorized Signatory

INDIA
RML Quality Assurance Program (RML-QAP)

Legend:
● National Presence
● International Presence

Quality Assurance Program
RML

2
DECADES
OF SERVICE EXCELLENCE

Qatar Nepal

Registration open for both National & International Labs
Contact Us : 0522-4034100, +91-7518077222 Email: qap@rmlqap.com

MAKE IN INDIA

RML
Research Foundation