

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

BIOCHEMISTRY 01



Lab Code No. (To be filled by the RML-QAP Provider)

Lympholised sample shall be provided to the participating lab for testing following analytes.
Please tick as appropriate.

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit	
1. Albumin	1) Bromcresol Purple(BCP)	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> g/dl	<input type="checkbox"/>
	2) Bromcresol Green(BCG)	<input type="checkbox"/> 2) Alfa Wassermann	<input type="checkbox"/> _____		<input type="checkbox"/> g/L	<input type="checkbox"/>
	3) Immunonephelo metric,Kinetic	<input type="checkbox"/> 3) Beckman	<input type="checkbox"/> _____		<input type="checkbox"/> mg/dL	<input type="checkbox"/>
	4) PEP- agarose gel	<input type="checkbox"/> 4) Helena REP	<input type="checkbox"/> _____		<input type="checkbox"/> %	<input type="checkbox"/>
	5) PEP- Gel Cellulose acetate	<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____		<input type="checkbox"/> mg/L	<input type="checkbox"/>
	6) Immunoturbidimetric	<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		<input type="checkbox"/> µmol/L	<input type="checkbox"/>
	7) REP Gel	<input type="checkbox"/> 7) Vital Scientific	<input type="checkbox"/> _____		Other _____	<input type="checkbox"/>
	8) Fuji Dri-Chem	<input type="checkbox"/> 8) Fuji Dri-Chem	<input type="checkbox"/> _____			<input type="checkbox"/>
	9) Vitros	<input type="checkbox"/> 9) Vitros	<input type="checkbox"/> _____			<input type="checkbox"/>
	10) Other _____	<input type="checkbox"/> 10) Other _____	<input type="checkbox"/> _____			<input type="checkbox"/>
2. Alkaline Phosphatase	1) PNPP, AMP Buffer	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> U/L	<input type="checkbox"/>
	2) PNPP, DEA Buffer	<input type="checkbox"/> 2) Siemens	<input type="checkbox"/> _____		<input type="checkbox"/> µkat/L	<input type="checkbox"/>
	3) PNPP, TRIS Buffer	<input type="checkbox"/> 3) Alfa Wassermann	<input type="checkbox"/> _____		Other _____	<input type="checkbox"/>
	4) Beckman	<input type="checkbox"/> 4) Beckman	<input type="checkbox"/> _____			<input type="checkbox"/>
	5) Fuji Dri-Chem	<input type="checkbox"/> 5) Fuji Dri-Chem	<input type="checkbox"/> _____			<input type="checkbox"/>
	6) Roche	<input type="checkbox"/> 6) Roche	<input type="checkbox"/> _____			<input type="checkbox"/>
	7) Vital Scientific	<input type="checkbox"/> 7) Vital Scientific	<input type="checkbox"/> _____			<input type="checkbox"/>
	8) Vitros	<input type="checkbox"/> 8) Vitros	<input type="checkbox"/> _____			<input type="checkbox"/>
	9) Other _____	<input type="checkbox"/> 9) Other _____	<input type="checkbox"/> _____			<input type="checkbox"/>
3. Bilirubin, Total/TBIL	1) Diazonium Ion	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> mg/dL	<input type="checkbox"/>
	2) Jendrassik Grof	<input type="checkbox"/> 2) Siemens	<input type="checkbox"/> _____		<input type="checkbox"/> µmol/L	<input type="checkbox"/>
	3) Oxidation By Nitrite	<input type="checkbox"/> 3) Alfa Wassermann	<input type="checkbox"/> _____		<input type="checkbox"/> mg/L	<input type="checkbox"/>
	4) Direct Measure	<input type="checkbox"/> 4) Beckman	<input type="checkbox"/> _____		Other _____	<input type="checkbox"/>
	5) Enzymatic	<input type="checkbox"/> 5) Fuji Dri-Chem	<input type="checkbox"/> _____			<input type="checkbox"/>
	6) DPD	<input type="checkbox"/> 6) Roche	<input type="checkbox"/> _____			<input type="checkbox"/>
	7) Vanadate Oxidation	<input type="checkbox"/> 7) Vital Scientific	<input type="checkbox"/> _____			<input type="checkbox"/>
	8) Evelyn Malloy	<input type="checkbox"/> 8) Vitros	<input type="checkbox"/> _____			<input type="checkbox"/>
	9) Calculated	<input type="checkbox"/> 9) Other _____	<input type="checkbox"/> _____			<input type="checkbox"/>
	10) Diphyline, Diazonium Salt- VITROS	<input type="checkbox"/>	<input type="checkbox"/> _____			<input type="checkbox"/>
	11) Dichoroaniline	<input type="checkbox"/>	<input type="checkbox"/> _____			<input type="checkbox"/>
	12) Sulphanalic acid, DMSO	<input type="checkbox"/>	<input type="checkbox"/> _____			<input type="checkbox"/>
other _____	<input type="checkbox"/>	<input type="checkbox"/> _____		<input type="checkbox"/>		

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Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
4. Calcium	1) Arsenazo III	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> mg/L <input type="checkbox"/> µmol/L Other _____
	2) ISE indirect	<input type="checkbox"/> 2) Alfa Wassermann	<input type="checkbox"/> _____		
	3) O-cresolphthalein Complexone	<input type="checkbox"/> 3) Beckman	<input type="checkbox"/> _____		
	4) BAPTA	<input type="checkbox"/> 4) Roche	<input type="checkbox"/> _____		
	5) ISE Direct	<input type="checkbox"/> 5) Vital Scientific	<input type="checkbox"/> _____		
	6) other _____	<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		
		<input type="checkbox"/> 7) Blood Gas	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) Other _____	<input type="checkbox"/> _____		
5. Cholesterol Total	1) Cholesterol oxidase, esterase, peroxidase	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> mg/L <input type="checkbox"/> µmol/L Other _____
	2) other _____	<input type="checkbox"/> 2) Alfa Wassermann	<input type="checkbox"/> _____		
		<input type="checkbox"/> 3) Beckman	<input type="checkbox"/> _____		
		<input type="checkbox"/> 4) Roche	<input type="checkbox"/> _____		
		<input type="checkbox"/> 5) Vital Scientific	<input type="checkbox"/> _____		
		<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		
		<input type="checkbox"/> 7) Blood Gas	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) Other _____	<input type="checkbox"/> _____		
6. Creatinine	1) Alkaline Picrate-Kinetic, IFCC-IDMS standardized	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> mg/L <input type="checkbox"/> µmol/L Other _____
	2) Enzymatic, IFCC-IDMS standardized	<input type="checkbox"/> 2) Alfa Wassermann	<input type="checkbox"/> _____		
	3) Alkaline Picrate- Kinetic	<input type="checkbox"/> 3) Beckman	<input type="checkbox"/> _____		
	4) Enzymatic	<input type="checkbox"/> 4) Roche	<input type="checkbox"/> _____		
	5) Alkaline Picrate-Kinetic raye blanked, IFCC-IDMS Standardized	<input type="checkbox"/> 5) Siemens	<input type="checkbox"/> _____		
	6) other _____	<input type="checkbox"/> 6) Fuji Dri-Chem	<input type="checkbox"/> _____		
		<input type="checkbox"/> 7) Vital Scientific	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) Blood Gas	<input type="checkbox"/> _____		
		<input type="checkbox"/> 9) Vitros Microslide	<input type="checkbox"/> _____		
		<input type="checkbox"/> 10) Other _____	<input type="checkbox"/> _____		
7. Glucose	1) Hexokinase	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> U/L <input type="checkbox"/> µkat/L Other _____
	2) Glucose oxidase, Hydrogen Peroxide (Trinder)	<input type="checkbox"/> 2) Alfa Wassermann	<input type="checkbox"/> _____		
	3) Glucose oxidase, oxygen Consumption	<input type="checkbox"/> 3) Beckman	<input type="checkbox"/> _____		
	4) other _____	<input type="checkbox"/> 4) Fuji Dri-Chem	<input type="checkbox"/> _____		
		<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____		
		<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		
		<input type="checkbox"/> 7) Vital Scientific	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) Vitros Microslide	<input type="checkbox"/> _____		
		<input type="checkbox"/> 9) Blood Gas	<input type="checkbox"/> _____		
		<input type="checkbox"/> 10) Other _____	<input type="checkbox"/> _____		

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Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
8. Cholesterol HDL	1) Direct measure, Polymer-polyanion	<input type="checkbox"/> 1) Abbott	<input type="text"/>	Manual Auto Semi Auto Others	mg/dL mmol/L Other _____
	2) Direct measure, Immunoinhibin	<input type="checkbox"/> 2) Alfa Wassermann	<input type="text"/>		
	3) Direct measure-PEG	<input type="checkbox"/> 3) Beckman	<input type="text"/>		
	4) Dextran Sulfate	<input type="checkbox"/> 4) Fuji Dri-Chem	<input type="text"/>		
	5) Direct measure-PTA/MgCl2-Vitros	<input type="checkbox"/> 5) Roche	<input type="text"/>		
	6) other _____	<input type="checkbox"/> 6) Siemens	<input type="text"/>		
		<input type="checkbox"/> 7) Vital Scientific	<input type="text"/>		
		<input type="checkbox"/> 8) Vitros Microslide	<input type="text"/>		
		<input type="checkbox"/> 9) Other _____	<input type="text"/>		
9. Potassium	1) ISE Indirect	<input type="checkbox"/> 1) Abbott	<input type="text"/>	Manual Auto Semi Auto Others	mg/dL mmol/L Other _____
	2) ISE Direct	<input type="checkbox"/> 2) Alfa Wassermann	<input type="text"/>		
	3) other _____	<input type="checkbox"/> 3) Beckman	<input type="text"/>		
		<input type="checkbox"/> 4) Bio-Rad	<input type="text"/>		
		<input type="checkbox"/> 5) Fuji Dri-Chem	<input type="text"/>		
		<input type="checkbox"/> 6) Blood Gas	<input type="text"/>		
		<input type="checkbox"/> 7) Roche	<input type="text"/>		
		<input type="checkbox"/> 8) Siemens	<input type="text"/>		
		<input type="checkbox"/> 9) Vital Scientific	<input type="text"/>		
		<input type="checkbox"/> 10) Vitros Microslide	<input type="text"/>		
		<input type="checkbox"/> 11) Other _____	<input type="text"/>		
10. Protein Total	1) Biuret, no serum blank end point	<input type="checkbox"/> 1) Abbott	<input type="text"/>	Manual Auto Semi Auto Others	g/dL g/L Other _____
	2) Biuret, reagent blank end point	<input type="checkbox"/> 2) Alfa Wassermann	<input type="text"/>		
	3) Biuret, serum blank end point	<input type="checkbox"/> 3) Beckman	<input type="text"/>		
	4) Biuret, reverse modified	<input type="checkbox"/> 4) Fuji Dri-Chem	<input type="text"/>		
	5) other _____	<input type="checkbox"/> 5) Roche	<input type="text"/>		
		<input type="checkbox"/> 6) Siemens	<input type="text"/>		
		<input type="checkbox"/> 7) Vital Scientific	<input type="text"/>		
		<input type="checkbox"/> 8) Vitros Microslide	<input type="text"/>		
		<input type="checkbox"/> 9) Other _____	<input type="text"/>		
11. Sodium	1) ISE Indirect	<input type="checkbox"/> 1) Abbott	<input type="text"/>	Manual Auto Semi Auto Others	mEq/dL mmol/L Other _____
	2) ISE Direct	<input type="checkbox"/> 2) Alfa Wassermann	<input type="text"/>		
	4) other _____	<input type="checkbox"/> 3) Beckman	<input type="text"/>		
		<input type="checkbox"/> 4) Bio-Rad	<input type="text"/>		
		<input type="checkbox"/> 5) Fuji Dri-Chem	<input type="text"/>		
		<input type="checkbox"/> 6) Blood Gas	<input type="text"/>		
		<input type="checkbox"/> 7) Roche	<input type="text"/>		
		<input type="checkbox"/> 8) Vital Scientific	<input type="text"/>		
		<input type="checkbox"/> 9) Siemens	<input type="text"/>		
		<input type="checkbox"/> 10) Vitros Microslide	<input type="text"/>		
		<input type="checkbox"/> 11) Other _____	<input type="text"/>		

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Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
12. SGPT(ALT)	1) UV with P5P	<input type="checkbox"/> 1) Abbott	<input type="text"/>	Manual	<input type="text"/> u/L
	2) UV without P5P	<input type="checkbox"/> 2) Alfa Wassermann	<input type="text"/>	Auto	<input type="text"/> μ kat/L
	3) Enzymatic, Colorimetric	<input type="checkbox"/> 3) Beckman	<input type="text"/>	Semi Auto	Other _____
	4) other _____	4) Fuji Dri-Chem	<input type="text"/>	Others	<input type="text"/>
		5) Roche	<input type="text"/>		
		6) Siemens	<input type="text"/>		
		7) Vitros Microslide	<input type="text"/>		
		8) Other _____			
13. SGOT(AST)	1) UV with P5P	<input type="checkbox"/> 1) Abbott	<input type="text"/>	Manual	<input type="text"/> u/L
	2) UV without P5P	<input type="checkbox"/> 2) Alfa Wassermann	<input type="text"/>	Auto	<input type="text"/> μ kat/L
	3) Enzymatic, Colorimetric	<input type="checkbox"/> 3) Beckman	<input type="text"/>	Semi Auto	Other _____
	4) other _____	4) Fuji Dri-Chem	<input type="text"/>	Others	<input type="text"/>
		5) Roche	<input type="text"/>		
		6) Siemens	<input type="text"/>		
		7) Vitros Microslide	<input type="text"/>		
		8) Other _____			
14. Triglyceride	1) Enzymatic,end Point	<input type="checkbox"/> 1) Abbott	<input type="text"/>	Manual	<input type="text"/> mg/dL
	2) Enzymatic with glycerol blank	<input type="checkbox"/> 2) Alfa Wassermann	<input type="text"/>	Auto	<input type="text"/> mmol/L
	3) other _____	3) Beckman	<input type="text"/>	Semi Auto	Other _____
		4) Fuji Dri-Chem	<input type="text"/>	Others	<input type="text"/>
		5) Roche	<input type="text"/>		
		6)Siemens	<input type="text"/>		
		7) Vitros Microslide	<input type="text"/>		
		8) Blood Gas	<input type="text"/>		
		9) Vital Scientific	<input type="text"/>		
		10) Other _____			
15. Urea	1) Urease,Colorimetric	<input type="checkbox"/> 1) Abbott	<input type="text"/>	Manual	<input type="text"/> mg/dL
	2) Conductometry	<input type="checkbox"/> 2) Alfa Wassermann	<input type="text"/>	Auto	<input type="text"/> mmol/L
	3) Urease,Uv	<input type="checkbox"/> 3) Fuji Dri-Chem	<input type="text"/>	Semi Auto	Other _____
	4) other _____	4) Blood Gas	<input type="text"/>	Others	<input type="text"/>
		5) Roche	<input type="text"/>		
		6)Siemens	<input type="text"/>		
		7) Vitros Microslide	<input type="text"/>		
		8) Other _____			

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Lab Code No. (To be filled by the RML-QAP Provider)



Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
16 .Uric Acid	1) Immunoturbidimetric	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual	<input type="checkbox"/> mg/dL
	2) Uricase,Colorimetric	<input type="checkbox"/> 2) Alfa Wassermann	<input type="checkbox"/> _____	Auto	<input type="checkbox"/> µmol/L
	3) Enzymatic	<input type="checkbox"/> 3) Fuji Dri-Chem	<input type="checkbox"/> _____	Semi Auto	<input type="checkbox"/> mmo/L
	4) other _____	4) Beckman	<input type="checkbox"/> _____	Others	<input type="checkbox"/> Other _____
		5) Roche	<input type="checkbox"/> _____		
		6)Siemens	<input type="checkbox"/> _____		
		7) Vitros Microslide	<input type="checkbox"/> _____		
		8) Other _____			

Date:

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Stamped & Signed By
Authorised Signatory

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

BIOCHEMISTRY 02



Lab Code No. (To be filled by the RML-QAP Provider)

Lypholised sample shall be provided to the participating lab for testing following analytes.

Please tick following.



Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit	
1. Albumin	1) Bromcresol Purple(BCP)	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> g/dl	<input type="checkbox"/>
	2) Bromcresol Green(BCG)	<input type="checkbox"/> 2) Alfa Wassermann	<input type="checkbox"/> _____		<input type="checkbox"/> g/L	<input type="checkbox"/>
	3) Immunonephelo metric,Kinetic	<input type="checkbox"/> 3) Beckman	<input type="checkbox"/> _____		<input type="checkbox"/> mg/dL	<input type="checkbox"/>
	4) PEP- agarose gel	<input type="checkbox"/> 4) Helena REP	<input type="checkbox"/> _____		<input type="checkbox"/> %	<input type="checkbox"/>
	5) PEP- Gel Cellulose acetate	<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____		<input type="checkbox"/> mg/L	<input type="checkbox"/>
	6) Immunoturbidimetric	<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		<input type="checkbox"/> µmol/L	<input type="checkbox"/>
	7) REP Gel	<input type="checkbox"/> 7) Vital Scientific	<input type="checkbox"/> _____		<input type="checkbox"/> Other _____	<input type="checkbox"/>
	other _____	<input type="checkbox"/> 8) Fuji Dri-Chem	<input type="checkbox"/> _____			
		<input type="checkbox"/> 9) Vitros	<input type="checkbox"/> _____			
		<input type="checkbox"/> 10) Other _____				
2. Alkaline Phosphatase	1) PNPP, AMP Buffer	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> U/L	<input type="checkbox"/>
	2) PNPP, DEA Buffer	<input type="checkbox"/> 2) Siemens	<input type="checkbox"/> _____		<input type="checkbox"/> µkat/L	<input type="checkbox"/>
	3) PNPP, TRIS Buffer	<input type="checkbox"/> 3) Alfa Wassermann	<input type="checkbox"/> _____		<input type="checkbox"/> Other _____	<input type="checkbox"/>
	other _____	<input type="checkbox"/> 4) Beckman	<input type="checkbox"/> _____			
		<input type="checkbox"/> 5) Fuji Dri-Chem	<input type="checkbox"/> _____			
		<input type="checkbox"/> 6) Roche	<input type="checkbox"/> _____			
		<input type="checkbox"/> 7) Vital Scientific	<input type="checkbox"/> _____			
		<input type="checkbox"/> 8) Vitros	<input type="checkbox"/> _____			
		<input type="checkbox"/> 9) Other _____				
3. Bilirubin, Total/TBIL	1) Diazonium Ion	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> mg/dL	<input type="checkbox"/>
	2) Jendrassik Grof	<input type="checkbox"/> 2) Siemens	<input type="checkbox"/> _____		<input type="checkbox"/> µmol/L	<input type="checkbox"/>
	3) Oxidation By Nitrite	<input type="checkbox"/> 3) Alfa Wassermann	<input type="checkbox"/> _____		<input type="checkbox"/> mg/L	<input type="checkbox"/>
	4) Direct Measure	<input type="checkbox"/> 4) Beckman	<input type="checkbox"/> _____		<input type="checkbox"/> Other _____	<input type="checkbox"/>
	5) Enzymatic	<input type="checkbox"/> 5) Fuji Dri-Chem	<input type="checkbox"/> _____			
	6) DPD	<input type="checkbox"/> 6) Roche	<input type="checkbox"/> _____			
	7) Vanadate Oxidation	<input type="checkbox"/> 7) Vital Scientific	<input type="checkbox"/> _____			
	8) Evelyn Malloy	<input type="checkbox"/> 8) Vitros	<input type="checkbox"/> _____			
	9) Calculated	<input type="checkbox"/> 9) Other _____				
	10) Diphyline, Diazonium Salt- VITROS	<input type="checkbox"/>				
	11) Dichoroaniline	<input type="checkbox"/>				
	12) Sulphanalic acid, DMSO	<input type="checkbox"/>				
other _____						

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Lab Code No. (To be filled by the RML-QAP Provider)

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
4. Calcium	1) Arsenazo III	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual	<input type="checkbox"/> mg/L
	2) ISE indirect	<input type="checkbox"/> 2) Alfa Wassermann	<input type="checkbox"/> _____	Auto	<input type="checkbox"/> µmol/L
	3) O-cresolphthalein Complexone	<input type="checkbox"/> 3) Beckman	<input type="checkbox"/> _____	Semi Auto	<input type="checkbox"/> Other _____
	4) BAPTA	<input type="checkbox"/> 4) Roche	<input type="checkbox"/> _____	Others	
	5) ISE Direct	<input type="checkbox"/> 5) Vital Scientific	<input type="checkbox"/> _____		
	6) other _____	<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		
		<input type="checkbox"/> 7) Blood Gas	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) Other _____	<input type="checkbox"/> _____		
5. Cholesterol Total	1) Cholesterol oxidase, esterase, peroxidase	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual	<input type="checkbox"/> mg/L
	2) ISE indirect	<input type="checkbox"/> 2) Alfa Wassermann	<input type="checkbox"/> _____	Auto	<input type="checkbox"/> µmol/L
	3) O-cresolphthalein Complexone	<input type="checkbox"/> 3) Beckman	<input type="checkbox"/> _____	Semi Auto	<input type="checkbox"/> Other _____
	4) BAPTA	<input type="checkbox"/> 4) Roche	<input type="checkbox"/> _____	Others	
	5) ISE Direct	<input type="checkbox"/> 5) Vital Scientific	<input type="checkbox"/> _____		
	6) other _____	<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		
		<input type="checkbox"/> 7) Blood Gas	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) Other _____	<input type="checkbox"/> _____		
6. Creatinine	1) Alkaline Picrate-Kinetic, IFCC-IDMS standardized	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual	<input type="checkbox"/> mg/L
	2) Enzymatic, IFCC-IDMS standardized	<input type="checkbox"/> 2) Alfa Wassermann	<input type="checkbox"/> _____	Auto	<input type="checkbox"/> µmol/L
	3) Alkaline Picrate- Kinetic	<input type="checkbox"/> 3) Beckman	<input type="checkbox"/> _____	Semi Auto	<input type="checkbox"/> Other _____
	4) Enzymatic	<input type="checkbox"/> 4) Roche	<input type="checkbox"/> _____	Others	
	5) Alkaline Picrate-Kinetic raye blanked, IFCC-IDMS Standardized	<input type="checkbox"/> 5) Siemens	<input type="checkbox"/> _____		
	6) other _____	<input type="checkbox"/> 6) Fuji Dri-Chem	<input type="checkbox"/> _____		
		<input type="checkbox"/> 7) Vital Scientific	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) Blood Gas	<input type="checkbox"/> _____		
		<input type="checkbox"/> 9) Vitros Microslide	<input type="checkbox"/> _____		
		<input type="checkbox"/> 10) Other _____	<input type="checkbox"/> _____		
7. Glucose	1) Hexokinase	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual	<input type="checkbox"/> U/L
	2) Glucose oxidase, Hydrogen Peroxide (Trinder)	<input type="checkbox"/> 2) Alfa Wassermann	<input type="checkbox"/> _____	Auto	<input type="checkbox"/> µkat/L
	3) Glucose oxidase, oxygen Consumption	<input type="checkbox"/> 3) Beckman	<input type="checkbox"/> _____	Semi Auto	<input type="checkbox"/> Other _____
	4) other _____	<input type="checkbox"/> 4) Fuji Dri-Chem	<input type="checkbox"/> _____	Others	
		<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____		
		<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		
		<input type="checkbox"/> 7) Vital Scientific	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) Vitros Microslide	<input type="checkbox"/> _____		
		<input type="checkbox"/> 9) Blood Gas	<input type="checkbox"/> _____		
		<input type="checkbox"/> 10) Other _____	<input type="checkbox"/> _____		

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8. Cholesterol HDL	1) Direct measure, Polymer-polyanion	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> mg/dL <input type="checkbox"/> mmol/L Other _____
	2) Direct measure, Immunoinhibin	<input type="checkbox"/> 2) Alfa Wassermann	<input type="checkbox"/> _____		
	3) Direct measure-PEG	<input type="checkbox"/> 3) Beckman	<input type="checkbox"/> _____		
	4) Dextran Sulfate	<input type="checkbox"/> 4) Fuji Dri-Chem	<input type="checkbox"/> _____		
	5) Direct measure-PTA/MgCl2-Vitros	<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____		
	6) other _____	<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		
		<input type="checkbox"/> 7) Vital Scientific	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) Vitros Microslide	<input type="checkbox"/> _____		
		<input type="checkbox"/> 9) Other _____	<input type="checkbox"/> _____		
9. Potassium	1) ISE Indirect	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> mg/dL <input type="checkbox"/> mmol/L Other _____
	2) ISE Direct	<input type="checkbox"/> 2) Alfa Wassermann	<input type="checkbox"/> _____		
	3) other _____	<input type="checkbox"/> 3) Beckman	<input type="checkbox"/> _____		
		<input type="checkbox"/> 4) Bio-Rad	<input type="checkbox"/> _____		
		<input type="checkbox"/> 5) Fuji Dri-Chem	<input type="checkbox"/> _____		
		<input type="checkbox"/> 6) Blood Gas	<input type="checkbox"/> _____		
		<input type="checkbox"/> 7) Roche	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) Siemens	<input type="checkbox"/> _____		
		<input type="checkbox"/> 9) Vital Scientific	<input type="checkbox"/> _____		
		<input type="checkbox"/> 10) Vitros Microslide	<input type="checkbox"/> _____		
		<input type="checkbox"/> 11) Other _____	<input type="checkbox"/> _____		
10. Protein Total	1) Biuret, no serum blank end point	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> g/dL <input type="checkbox"/> g/L Other _____
	2) Biuret, reagent blank end point	<input type="checkbox"/> 2) Alfa Wassermann	<input type="checkbox"/> _____		
	3) Biuret, serum blank end point	<input type="checkbox"/> 3) Beckman	<input type="checkbox"/> _____		
	4) Biuret, reverse modified	<input type="checkbox"/> 4) Fuji Dri-Chem	<input type="checkbox"/> _____		
	5) other _____	<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____		
		<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		
		<input type="checkbox"/> 7) Vital Scientific	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) Vitros Microslide	<input type="checkbox"/> _____		
		<input type="checkbox"/> 9) Other _____	<input type="checkbox"/> _____		
11. Sodium	1) ISE Indirect	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> mEq/dL <input type="checkbox"/> mmol/L Other _____
	2) ISE Direct	<input type="checkbox"/> 2) Alfa Wassermann	<input type="checkbox"/> _____		
	4) other _____	<input type="checkbox"/> 3) Beckman	<input type="checkbox"/> _____		
		<input type="checkbox"/> 4) Bio-Rad	<input type="checkbox"/> _____		
		<input type="checkbox"/> 5) Fuji Dri-Chem	<input type="checkbox"/> _____		
		<input type="checkbox"/> 6) Blood Gas	<input type="checkbox"/> _____		
		<input type="checkbox"/> 7) Roche	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) Vital Scientific	<input type="checkbox"/> _____		
		<input type="checkbox"/> 9) Siemens	<input type="checkbox"/> _____		
		<input type="checkbox"/> 10) Vitros Microslide	<input type="checkbox"/> _____		
		<input type="checkbox"/> 11) Other _____	<input type="checkbox"/> _____		

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

BIOCHEMISTRY 02



Lab Code No. (To be filled by the RML-QAP Provider)

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
12. SGPT(ALT)	1) UV with P5P	<input type="checkbox"/> 1) Abbott	<input type="text"/>	Manual Auto Semi Auto Others	u/L μkat/L Other _____
	2) UV without P5P	<input type="checkbox"/> 2) Alfa Wassermann	<input type="text"/>		
	3) Enzymatic, Colorimetric	<input type="checkbox"/> 3) Beckman	<input type="text"/>		
	4) other _____	<input type="checkbox"/> 4) Fuji Dri-Chem	<input type="text"/>		
		<input type="checkbox"/> 5) Roche	<input type="text"/>		
		<input type="checkbox"/> 6) Siemens	<input type="text"/>		
		<input type="checkbox"/> 7) Vitros Microslide	<input type="text"/>		
		<input type="checkbox"/> 8) Other _____	<input type="text"/>		
13. SGOT(AST)	1) UV with P5P	<input type="checkbox"/> 1) Abbott	<input type="text"/>	Manual Auto Semi Auto Others	u/L μkat/L Other _____
	2) UV without P5P	<input type="checkbox"/> 2) Alfa Wassermann	<input type="text"/>		
	3) Enzymatic, Colorimetric	<input type="checkbox"/> 3) Beckman	<input type="text"/>		
	4) other _____	<input type="checkbox"/> 4) Fuji Dri-Chem	<input type="text"/>		
		<input type="checkbox"/> 5) Roche	<input type="text"/>		
		<input type="checkbox"/> 6) Siemens	<input type="text"/>		
		<input type="checkbox"/> 7) Vitros Microslide	<input type="text"/>		
		<input type="checkbox"/> 8) Other _____	<input type="text"/>		
14. Triglyceride	1) Enzymatic, end Point	<input type="checkbox"/> 1) Abbott	<input type="text"/>	Manual Auto Semi Auto Others	mg/dL mmol/L Other _____
	2) Enzymatic with glycerol blank	<input type="checkbox"/> 2) Alfa Wassermann	<input type="text"/>		
	3) other _____	<input type="checkbox"/> 3) Beckman	<input type="text"/>		
		<input type="checkbox"/> 4) Fuji Dri-Chem	<input type="text"/>		
		<input type="checkbox"/> 5) Roche	<input type="text"/>		
		<input type="checkbox"/> 6) Siemens	<input type="text"/>		
		<input type="checkbox"/> 7) Vitros Microslide	<input type="text"/>		
		<input type="checkbox"/> 8) Blood Gas	<input type="text"/>		
		<input type="checkbox"/> 9) Vital Scientific	<input type="text"/>		
		<input type="checkbox"/> 10) Other _____	<input type="text"/>		
15. Urea	1) Urease, Colorimetric	<input type="checkbox"/> 1) Abbott	<input type="text"/>	Manual Auto Semi Auto Others	mg/dL mmol/L Other _____
	2) Conductometry	<input type="checkbox"/> 2) Alfa Wassermann	<input type="text"/>		
	3) Urease, Uv	<input type="checkbox"/> 3) Fuji Dri-Chem	<input type="text"/>		
	4) other _____	<input type="checkbox"/> 4) Blood Gas	<input type="text"/>		
		<input type="checkbox"/> 5) Roche	<input type="text"/>		
		<input type="checkbox"/> 6) Siemens	<input type="text"/>		
		<input type="checkbox"/> 7) Vitros Microslide	<input type="text"/>		
		<input type="checkbox"/> 8) Other _____	<input type="text"/>		

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RML Quality Assurance Program

Testing Analytes & Method Questionnaire

BIOCHEMISTRY 02



Lab Code No. (To be filled by the RML-QAP Provider)

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
16. Uric Acid	1) Immunoturbidimetric	<input type="checkbox"/> 1) Abbott	<input type="text"/>	Manual	<input type="text"/> mg/dL
	2) Uricase,Colorimetric	<input type="checkbox"/> 2) Alfa Wassermann	<input type="text"/>	Auto	<input type="text"/> µmol/L
	3) Enzymatic	<input type="checkbox"/> 3) Fuji Dri-Chem	<input type="text"/>	Semi Auto	<input type="text"/> mmo/L
	4) other _____	<input type="checkbox"/> 4) Beckman	<input type="text"/>	Others	<input type="text"/> Other _____
		<input type="checkbox"/> 5) Roche	<input type="text"/>		
		<input type="checkbox"/> 6)Siemens	<input type="text"/>		
		<input type="checkbox"/> 7) Vitros Microslide	<input type="text"/>		
		<input type="checkbox"/> 8) Other _____			
17. Chloride	1) Immunoturbidimetric	<input type="checkbox"/> 1) Abbott	<input type="text"/>	Manual	<input type="text"/> mg/dL
	2) Uricase,Colorimetric	<input type="checkbox"/> 2) Alfa Wassermann	<input type="text"/>	Auto	<input type="text"/> µmol/L
	3) Enzymatic	<input type="checkbox"/> 3) Fuji Dri-Chem	<input type="text"/>	Semi Auto	<input type="text"/> mmo/L
	4) ISE Direct	<input type="checkbox"/> 4) Beckman	<input type="text"/>	Others	<input type="text"/> Other _____
	5) other _____	<input type="checkbox"/> 5) Roche	<input type="text"/>		
		<input type="checkbox"/> 6)Siemens	<input type="text"/>		
		<input type="checkbox"/> 7) Vitros Microslide	<input type="text"/>		
		<input type="checkbox"/> 8) Other _____			
18. Phosphorus	1) Immunoturbidimetric	<input type="checkbox"/> 1) Abbott	<input type="text"/>	Manual	<input type="text"/> mg/dL
	2) Uricase,Colorimetric	<input type="checkbox"/> 2) Alfa Wassermann	<input type="text"/>	Auto	<input type="text"/> µmol/L
	3) Enzymatic	<input type="checkbox"/> 3) Fuji Dri-Chem	<input type="text"/>	Semi Auto	<input type="text"/> mmo/L
	4) Phosphomolybdate method	<input type="checkbox"/> 4) Beckman	<input type="text"/>	Others	<input type="text"/> Other _____
	5) other _____	<input type="checkbox"/> 5) Roche	<input type="text"/>		
		<input type="checkbox"/> 6)Siemens	<input type="text"/>		
		<input type="checkbox"/> 7) Vitros Microslide	<input type="text"/>		
		<input type="checkbox"/> 8) Other _____			
19. Magnesium	1) Immunoturbidimetric	<input type="checkbox"/> 1) Abbott	<input type="text"/>	Manual	<input type="text"/> mg/dL
	2) Uricase,Colorimetric	<input type="checkbox"/> 2) Alfa Wassermann	<input type="text"/>	Auto	<input type="text"/> µmol/L
	3) Enzymatic	<input type="checkbox"/> 3) Fuji Dri-Chem	<input type="text"/>	Semi Auto	<input type="text"/> mmo/L
	4) Chlorophosphonazo	<input type="checkbox"/> 4) Beckman	<input type="text"/>	Others	<input type="text"/> Other _____
	5) other _____	<input type="checkbox"/> 5) Roche	<input type="text"/>		
		<input type="checkbox"/> 6)Siemens	<input type="text"/>		
		<input type="checkbox"/> 7) Vitros Microslide	<input type="text"/>		
		<input type="checkbox"/> 8) Other _____			

Date:

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RML Quality Assurance Program

Testing Analytes & Method Questionnaire

BIOCHEMISTRY 02



Lab Code No. (To be filled by the RML-QAP Provider)

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
20. Iron	1) Immunoturbidimetric	<input type="checkbox"/> 1) Abbott	<input type="text"/>	Manual	<input type="text"/> Ug/dL
	2) Uricase,Colorimetric	<input type="checkbox"/> 2) Alfa Wassermann	<input type="text"/>	Auto	<input type="text"/> mg/dL
	3) Enzymatic	<input type="checkbox"/> 3) Fuji Dri-Chem	<input type="text"/>	Semi Auto	<input type="text"/> µmol/L
	4) Ferrozine-no Deproteinization	<input type="checkbox"/> 4) Beckman	<input type="text"/>	Others	<input type="text"/> mmo/L
	5) other _____	<input type="checkbox"/> 5) Roche	<input type="text"/>		<input type="text"/> Other _____
		<input type="checkbox"/> 6)Siemens	<input type="text"/>		
		<input type="checkbox"/> 7) Vitros Microslide	<input type="text"/>		
		<input type="checkbox"/> 8) Other _____	<input type="text"/>		
21. Amylase	1) Immunoturbidimetric	<input type="checkbox"/> 1) Abbott	<input type="text"/>	Manual	<input type="text"/> Ug/dL
	2) Uricase,Colorimetric	<input type="checkbox"/> 2) Alfa Wassermann	<input type="text"/>	Auto	<input type="text"/> mg/dL
	3) Enzymatic	<input type="checkbox"/> 3) Fuji Dri-Chem	<input type="text"/>	Semi Auto	<input type="text"/> µmol/L
	4) G7 PNP Blocked	<input type="checkbox"/> 4) Beckman	<input type="text"/>	Others	<input type="text"/> mmo/L
	5) other _____	<input type="checkbox"/> 5) Roche	<input type="text"/>		<input type="text"/> Other _____
		<input type="checkbox"/> 6)Siemens	<input type="text"/>		
		<input type="checkbox"/> 7) Vitros Microslide	<input type="text"/>		
		<input type="checkbox"/> 8) Other _____	<input type="text"/>		
22. CK	1) Immunoturbidimetric	<input type="checkbox"/> 1) Abbott	<input type="text"/>	Manual	<input type="text"/> Ug/dL
	2) Uricase,Colorimetric	<input type="checkbox"/> 2) Alfa Wassermann	<input type="text"/>	Auto	<input type="text"/> mg/dL
	3) Enzymatic	<input type="checkbox"/> 3) Fuji Dri-Chem	<input type="text"/>	Semi Auto	<input type="text"/> µmol/L
	4) NAC activated	<input type="checkbox"/> 4) Beckman	<input type="text"/>	Others	<input type="text"/> mmo/L
	5) other _____	<input type="checkbox"/> 5) Roche	<input type="text"/>		<input type="text"/> Other _____
		<input type="checkbox"/> 6)Siemens	<input type="text"/>		
		<input type="checkbox"/> 7) Vitros Microslide	<input type="text"/>		
		<input type="checkbox"/> 8) Other _____	<input type="text"/>		

Date:

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RML Quality Assurance Program

Testing Analytes & Method Questionnaire

SPECIAL BIOCHEMISTRY



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick as appropriate.

Test name	Methodology	Instrument name	Kit Name	Other Information
1. Protein Electrophoresis	Capillary Electrophoresis	1. Sebia <input type="checkbox"/>	
		2. Other <input type="checkbox"/>		
		If other mention name		
2. Haemoglobin Variant analysis	HPLC Capillary Electrophoresis Other	1. BIORAD (D10) <input type="checkbox"/>	
		2. BIORAD (VARIANT II TURBO) <input type="checkbox"/>		
		3. Sebia <input type="checkbox"/>		
		4. Other <input type="checkbox"/>		
		If other mention name		

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RML Quality Assurance Program

Testing Analytes & Method Questionnaire

EXTENDED THYROID PROGRAM



Lab Code No. (To be filled by the RML-QAP Provider)

Lypholised sample shall be provided to the participating lab for testing following analytes.
Please tick as appropriate.

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit	
1. T.S.H.	1) Chemiluminescence	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> IU/mL	<input type="checkbox"/>
	2) EIA	<input type="checkbox"/> 2) Beckman	<input type="checkbox"/> _____		<input type="checkbox"/> µIU/L	<input type="checkbox"/>
	3) CLIA	<input type="checkbox"/> 3) Biomerieux VIDAS	<input type="checkbox"/> _____		<input type="checkbox"/> mIU/mL	<input type="checkbox"/>
	4) Radiolimmuno Assay	<input type="checkbox"/> 4) Fujirebio LUMIPULSE	<input type="checkbox"/> _____		<input type="checkbox"/> Other _____	
	5) Other _____	<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____			
		<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____			
		<input type="checkbox"/> 7) Tosoh AIA	<input type="checkbox"/> _____			
		<input type="checkbox"/> 8) VITROS MICROWELL Series	<input type="checkbox"/> _____			
		<input type="checkbox"/> 9) Other _____				
2. T4	1) Chemiluminescence	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> µg/dL	<input type="checkbox"/>
	2) EIA	<input type="checkbox"/> 2) Beckman	<input type="checkbox"/> _____		<input type="checkbox"/> nmol/L	<input type="checkbox"/>
	3) FIA	<input type="checkbox"/> 3) Biomerieux VIDAS	<input type="checkbox"/> _____		<input type="checkbox"/> µg/L	<input type="checkbox"/>
	4) Electrochemiluminescence	<input type="checkbox"/> 4) Fujirebio LUMIPULSE	<input type="checkbox"/> _____		<input type="checkbox"/> Other _____	
	5) Fluorescence Polarization-Roche	<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____			
	6) Immunoturbidimetric	<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____			
	7) Other _____	<input type="checkbox"/> 7) Tosoh AIA	<input type="checkbox"/> _____			
		<input type="checkbox"/> 8) VITROS MICROWELL Series	<input type="checkbox"/> _____			
		<input type="checkbox"/> 9) Other _____				
3. T3	1) Chemiluminescence	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> µg/dL	<input type="checkbox"/>
	2) EIA	<input type="checkbox"/> 2) Beckman	<input type="checkbox"/> _____		<input type="checkbox"/> nmol/L	<input type="checkbox"/>
	3) FIA	<input type="checkbox"/> 3) Biomerieux VIDAS	<input type="checkbox"/> _____		<input type="checkbox"/> ng/mL	<input type="checkbox"/>
	4) Electrochemiluminescence	<input type="checkbox"/> 4) Fujirebio LUMIPULSE	<input type="checkbox"/> _____		<input type="checkbox"/> Other _____	
	5) Fluorescence Polarization-Roche	<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____			
	6) Immunoturbidimetric	<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____			
	7) Other _____	<input type="checkbox"/> 7) Tosoh AIA	<input type="checkbox"/> _____			
		<input type="checkbox"/> 8) VITROS MICROWELL Series	<input type="checkbox"/> _____			
		<input type="checkbox"/> 9) Other _____				
4. FT4	1) Chemiluminescence	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> mg/mL	<input type="checkbox"/>
	2) EIA	<input type="checkbox"/> 2) Beckman	<input type="checkbox"/> _____		<input type="checkbox"/> µIU/mL	<input type="checkbox"/>
	3) FIA	<input type="checkbox"/> 3) Biomerieux VIDAS	<input type="checkbox"/> _____		<input type="checkbox"/> mIU/L	<input type="checkbox"/>
	4) Electrochemiluminescence	<input type="checkbox"/> 4) Fujirebio LUMIPULSE	<input type="checkbox"/> _____		<input type="checkbox"/> Other _____	
	5) Fluorescence Polarization-Roche	<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____			
	6) Immunoturbidimetric	<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____			
	7) Other _____	<input type="checkbox"/> 7) Tosoh AIA	<input type="checkbox"/> _____			
		<input type="checkbox"/> 8) VITROS MICROWELL Series	<input type="checkbox"/> _____			
		<input type="checkbox"/> 9) Other _____				

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RML Quality Assurance Program

Testing Analytes & Method Questionnaire

EXTENDED THYROID PROGRAM



Lab Code No. (To be filled by the RML-QAP Provider)

Lypholised sample shall be provided to the participating lab for testing following analytes.

Please tick as appropriate.

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
5. FT3	1) Chemiluminescence	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> µg/dL <input type="checkbox"/> nmol/L <input type="checkbox"/> µg/L <input type="checkbox"/> Other _____
	2) EIA	<input type="checkbox"/> 2) Beckman	<input type="checkbox"/> _____		
	3) FIA	<input type="checkbox"/> 3) Biomerieux VIDAS	<input type="checkbox"/> _____		
	4) Electrochemiluminescence	<input type="checkbox"/> 4) Fujirebio LUMIPULSE	<input type="checkbox"/> _____		
	5) Fluorescence Polarization-Roche	<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____		
	6) Immunoturbidimetric	<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		
	7) Other _____	<input type="checkbox"/> 7) Tosoh AIA	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) VITROS MICROWELL Series	<input type="checkbox"/> _____		
		<input type="checkbox"/> 9) Other _____	<input type="checkbox"/> _____		
6. Anti-TPO	1) Chemiluminescence	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> µg/dL <input type="checkbox"/> nmol/L <input type="checkbox"/> ng/mL <input type="checkbox"/> Other _____
	2) EIA	<input type="checkbox"/> 2) Beckman	<input type="checkbox"/> _____		
	3) FIA	<input type="checkbox"/> 3) Biomerieux VIDAS	<input type="checkbox"/> _____		
	4) Electrochemiluminescence	<input type="checkbox"/> 4) Fujirebio LUMIPULSE	<input type="checkbox"/> _____		
	5) Fluorescence Polarization-Roche	<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____		
	6) Immunoturbidimetric	<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		
	7) Other _____	<input type="checkbox"/> 7) Tosoh AIA	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) VITROS MICROWELL Series	<input type="checkbox"/> _____		
		<input type="checkbox"/> 9) Other _____	<input type="checkbox"/> _____		
7. Anti-TG	1) Chemiluminescence	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> mg/mL <input type="checkbox"/> µIU/mL <input type="checkbox"/> mIU/L <input type="checkbox"/> Other _____
	2) EIA	<input type="checkbox"/> 2) Beckman	<input type="checkbox"/> _____		
	3) FIA	<input type="checkbox"/> 3) Biomerieux VIDAS	<input type="checkbox"/> _____		
	4) Electrochemiluminescence	<input type="checkbox"/> 4) Fujirebio LUMIPULSE	<input type="checkbox"/> _____		
	5) Fluorescence Polarization-Roche	<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____		
	6) Immunoturbidimetric	<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		
	7) Other _____	<input type="checkbox"/> 7) Tosoh AIA	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) VITROS MICROWELL Series	<input type="checkbox"/> _____		
		<input type="checkbox"/> 9) Other _____	<input type="checkbox"/> _____		

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RML Quality Assurance Program

Testing Analytes & Method Questionnaire

HAEMOGLOBIN (HbA1c)



Lab Code No. (To be filled by the RML-QAP Provider)

(A) Whole Blood sample shall be provided to the participating lab for testing following analytes.

Please tick as appropriate.

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit			
Haemoglobin (HbA1c)*	1) Immunoturbidimetric	<input type="checkbox"/>	1) Abbott Hematology	<input type="checkbox"/>	Manual	<input type="checkbox"/>	%	<input type="checkbox"/>
	2) Calculated	<input type="checkbox"/>	2) Beckman	<input type="checkbox"/>	Auto	<input type="checkbox"/>	g/dL	<input type="checkbox"/>
	3) HPLC	<input type="checkbox"/>	3) Bio-Rad	<input type="checkbox"/>	Semi Auto	<input type="checkbox"/>	mmol/mol	<input type="checkbox"/>
	4) Enzymatic	<input type="checkbox"/>	4) Siemens	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other _____	
	5) Electrophoresis	<input type="checkbox"/>	5) Roche	<input type="checkbox"/>				
	6) Other _____		6) Tosoh	<input type="checkbox"/>				
			7) Sebia	<input type="checkbox"/>				
			8) Other _____	<input type="checkbox"/>				

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

IMMUNOLOGY



Lab Code No. (To be filled by the RML-QAP Provider)

Lypolised sample shall be provided to the participating lab for testing following analytes.
Please tick as appropriate.

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
1. T.S.H.	1) Chemiluminescence	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual	<input type="checkbox"/> IU/mL
	2) EIA	<input type="checkbox"/> 2) Beckman	<input type="checkbox"/> _____	Auto	<input type="checkbox"/> μ IU/L
	3) CLIA	<input type="checkbox"/> 3) Biomerieux VIDAS	<input type="checkbox"/> _____	Semi Auto	<input type="checkbox"/> mIU/mL
	4) Radiolimmuno Assay	<input type="checkbox"/> 4) Fujirebio LUMIPULSE	<input type="checkbox"/> _____	Others	<input type="checkbox"/> Other _____
	5) Other _____	<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____		
		<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		
		<input type="checkbox"/> 7) Tosoh AIA	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) VITROS MICROWELL Series	<input type="checkbox"/> _____		
		<input type="checkbox"/> 9) Other _____	<input type="checkbox"/> _____		
2. T4	1) Chemiluminescence	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual	<input type="checkbox"/> μ g/dL
	2) EIA	<input type="checkbox"/> 2) Beckman	<input type="checkbox"/> _____	Auto	<input type="checkbox"/> nmol/L
	3) FIA	<input type="checkbox"/> 3) Biomerieux VIDAS	<input type="checkbox"/> _____	Semi Auto	<input type="checkbox"/> μ g/L
	4) Electrochemiluminescence	<input type="checkbox"/> 4) Fujirebio LUMIPULSE	<input type="checkbox"/> _____	Others	<input type="checkbox"/> Other _____
	5) Fluorescence Polarization-Roche	<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____		
	6) Immunoturbidimetric	<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		
	7) Other _____	<input type="checkbox"/> 7) Tosoh AIA	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) VITROS MICROWELL Series	<input type="checkbox"/> _____		
		<input type="checkbox"/> 9) Other _____	<input type="checkbox"/> _____		
3. T3	1) Chemiluminescence	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual	<input type="checkbox"/> μ g/dL
	2) EIA	<input type="checkbox"/> 2) Beckman	<input type="checkbox"/> _____	Auto	<input type="checkbox"/> nmol/L
	3) FIA	<input type="checkbox"/> 3) Biomerieux VIDAS	<input type="checkbox"/> _____	Semi Auto	<input type="checkbox"/> ng/mL
	4) Electrochemiluminescence	<input type="checkbox"/> 4) Fujirebio LUMIPULSE	<input type="checkbox"/> _____	Others	<input type="checkbox"/> Other _____
	5) Fluorescence Polarization-Roche	<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____		
	6) Immunoturbidimetric	<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		
	7) Other _____	<input type="checkbox"/> 7) Tosoh AIA	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) VITROS MICROWELL Series	<input type="checkbox"/> _____		
		<input type="checkbox"/> 9) Other _____	<input type="checkbox"/> _____		
4. Prolactin	1) Chemiluminescence	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual	<input type="checkbox"/> mg/mL
	2) EIA	<input type="checkbox"/> 2) Beckman	<input type="checkbox"/> _____	Auto	<input type="checkbox"/> μ IU/mL
	3) FIA	<input type="checkbox"/> 3) Biomerieux VIDAS	<input type="checkbox"/> _____	Semi Auto	<input type="checkbox"/> mIU/L
	4) Electrochemiluminescence	<input type="checkbox"/> 4) Fujirebio LUMIPULSE	<input type="checkbox"/> _____	Others	<input type="checkbox"/> Other _____
	5) Fluorescence Polarization-Roche	<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____		
	6) Immunoturbidimetric	<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		
	7) Other _____	<input type="checkbox"/> 7) Tosoh AIA	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) VITROS MICROWELL Series	<input type="checkbox"/> _____		
		<input type="checkbox"/> 9) Other _____	<input type="checkbox"/> _____		

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RML Quality Assurance Program

Testing Analytes & Method Questionnaire

IMMUNOLOGY



Lab Code No. (To be filled by the RML-QAP Provider)

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
5. LH .	1) Chemiluminescence	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> mIU/mL <input type="checkbox"/> IU/L Other _____
	2) EIA	<input type="checkbox"/> 2) Beckman	<input type="checkbox"/> _____		
	3) FIA	<input type="checkbox"/> 3) Biomerieux VIDAS	<input type="checkbox"/> _____		
	4) Electrochemiluminescence	<input type="checkbox"/> 4) Fujirebio LUMIPULSE	<input type="checkbox"/> _____		
	5) Other _____	<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____		
		<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		
		<input type="checkbox"/> 7) Tosoh AIA	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) VITROS MICROWELL Series	<input type="checkbox"/> _____		
		<input type="checkbox"/> 9) Other _____			
6. FSH .	1) Chemiluminescence	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> mIU/mL <input type="checkbox"/> IU/L Other _____
	2) EIA	<input type="checkbox"/> 2) Beckman	<input type="checkbox"/> _____		
	3) Electrochemiluminescence	<input type="checkbox"/> 3) Biomerieux VIDAS	<input type="checkbox"/> _____		
	4) Other _____	<input type="checkbox"/> 4) Fujirebio LUMIPULSE	<input type="checkbox"/> _____		
		<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____		
		<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		
		<input type="checkbox"/> 7) Tosoh AIA	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) VITROS MICROWELL Series	<input type="checkbox"/> _____		
		<input type="checkbox"/> 9) Other _____			
7. Progestrone.	1) Chemiluminescence	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> mg/mL <input type="checkbox"/> IU/L Other _____
	2) EIA	<input type="checkbox"/> 2) Beckman	<input type="checkbox"/> _____		
	3) Electrochemiluminescence	<input type="checkbox"/> 3) Biomerieux VIDAS	<input type="checkbox"/> _____		
	4) Other _____	<input type="checkbox"/> 4) Fujirebio LUMIPULSE	<input type="checkbox"/> _____		
		<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____		
		<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		
		<input type="checkbox"/> 7) Tosoh AIA	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) VITROS MICROWELL Series	<input type="checkbox"/> _____		
		<input type="checkbox"/> 9) Other _____			
8. Cortisol.	1) Chemiluminescence	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> mIU/mL <input type="checkbox"/> IU/L Other _____
	2) EIA	<input type="checkbox"/> 2) Beckman	<input type="checkbox"/> _____		
	3) Electrochemiluminescence	<input type="checkbox"/> 3) Biomerieux VIDAS	<input type="checkbox"/> _____		
	4) Other _____	<input type="checkbox"/> 4) Fujirebio LUMIPULSE	<input type="checkbox"/> _____		
		<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____		
		<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		
		<input type="checkbox"/> 7) Tosoh AIA	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) VITROS MICROWELL Series	<input type="checkbox"/> _____		
		<input type="checkbox"/> 9) Other _____			

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RML Quality Assurance Program

Testing Analytes & Method Questionnaire

IMMUNOLOGY



Lab Code No. (To be filled by the RML-QAP Provider)



Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
9. Testosterone.	1) Chemiluminescence	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> mg/mL <input type="checkbox"/> mIU/mL <input type="checkbox"/> IU/L <input type="checkbox"/> Other _____
	2) EIA	<input type="checkbox"/> 2) Beckman	<input type="checkbox"/> _____		
	3) Electrochemiluminescence	<input type="checkbox"/> 3) Biomerieux VIDAS	<input type="checkbox"/> _____		
	4) Other _____	<input type="checkbox"/> 4) Fujirebio LUMIPULSE	<input type="checkbox"/> _____		
		<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____		
		<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		
		<input type="checkbox"/> 7) Tosoh AIA	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) VITROS MICROWELL Series	<input type="checkbox"/> _____		
		<input type="checkbox"/> 9) Other _____	<input type="checkbox"/> _____		
10. Estradiol.	1) Chemiluminescence	<input type="checkbox"/> 1) Abbott	<input type="checkbox"/> _____	Manual Auto Semi Auto Others	<input type="checkbox"/> mg/mL <input type="checkbox"/> mIU/mL <input type="checkbox"/> IU/L <input type="checkbox"/> Other _____
	2) EIA	<input type="checkbox"/> 2) Beckman	<input type="checkbox"/> _____		
	3) Electrochemiluminescence	<input type="checkbox"/> 3) Biomerieux VIDAS	<input type="checkbox"/> _____		
	4) Other _____	<input type="checkbox"/> 4) Fujirebio LUMIPULSE	<input type="checkbox"/> _____		
		<input type="checkbox"/> 5) Roche	<input type="checkbox"/> _____		
		<input type="checkbox"/> 6) Siemens	<input type="checkbox"/> _____		
		<input type="checkbox"/> 7) Tosoh AIA	<input type="checkbox"/> _____		
		<input type="checkbox"/> 8) VITROS MICROWELL Series	<input type="checkbox"/> _____		
		<input type="checkbox"/> 9) Other _____	<input type="checkbox"/> _____		

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RML Quality Assurance Program

Testing Analytes & Method Questionnaire

BASIC SERO 01



Lab Code No. (To be filled by the RML-QAP Provider)

Serum sample shall be provided to participant for carrying out the following parameters.
Please tick following.

Test Parameters	Methodology	Instrument Make &	Model	Operation
1. C-Reactive Protein	1) Nephelometry <input type="checkbox"/>	1) Immage <input type="checkbox"/>	_____	Manual <input type="checkbox"/>
	2) Slide agglutination <input type="checkbox"/>	2) Rotator <input type="checkbox"/>	_____	Auto <input type="checkbox"/>
	3) other _____	3) Other _____		Others <input type="checkbox"/>
2. HBsAg	1) Chemiluminescence <input type="checkbox"/>	1) Vitros <input type="checkbox"/>	_____	Manual <input type="checkbox"/>
	2) Immunochromatography <input type="checkbox"/>	2) Elycses <input type="checkbox"/>	_____	Auto <input type="checkbox"/>
	3) ELISA <input type="checkbox"/>	3) Cobas <input type="checkbox"/>	_____	Others <input type="checkbox"/>
	4) other _____	4) Rapid Card <input type="checkbox"/>	_____	
		5) ELISA Reader <input type="checkbox"/>	_____	
3. Anti HCV	1) Chemiluminescence <input type="checkbox"/>	1) Vitros <input type="checkbox"/>	_____	Manual <input type="checkbox"/>
	2) Immunofiltration <input type="checkbox"/>	2) Elycses <input type="checkbox"/>	_____	Auto <input type="checkbox"/>
	3) ELISA <input type="checkbox"/>	3) Cobas <input type="checkbox"/>	_____	Others <input type="checkbox"/>
	4) other _____	4) Rapid Card <input type="checkbox"/>	_____	
		5) ELISA Reader <input type="checkbox"/>	_____	
4. RPR	1) Slide flocculation <input type="checkbox"/>	1) Rotator <input type="checkbox"/>	_____	Manual <input type="checkbox"/>
	2) other _____	2) Other _____		Auto <input type="checkbox"/>
				Others <input type="checkbox"/>
5. Rheumatoid Factor IgM/IgG	1) Nephelometry <input type="checkbox"/>	1) Immage <input type="checkbox"/>	_____	Manual <input type="checkbox"/>
	2) Slide agglutination <input type="checkbox"/>	2) Rotator <input type="checkbox"/>	_____	Auto <input type="checkbox"/>
	3) ELISA	3) Other _____		Others <input type="checkbox"/>
	4) other _____			
6. ASO Titre	1) Nephelometry <input type="checkbox"/>	1) Immage <input type="checkbox"/>	_____	Manual <input type="checkbox"/>
	2) Slide agglutination <input type="checkbox"/>	2) Rotator <input type="checkbox"/>	_____	Auto <input type="checkbox"/>
	3) other _____	3) Other _____		Others <input type="checkbox"/>
7. Typhoid IgM/IgG	1) Typhidot <input type="checkbox"/>	1) Rapid Card <input type="checkbox"/>	_____	Manual <input type="checkbox"/>
	2) Immunochromatography <input type="checkbox"/>	2) Other _____		Auto <input type="checkbox"/>
	3) other _____			Others <input type="checkbox"/>
8. Dengue IgM/IgG	1) Immunochromatography <input type="checkbox"/>	1) Rapid Card <input type="checkbox"/>	_____	Manual <input type="checkbox"/>
	2) ELISA <input type="checkbox"/>	2) ELISA Reader		Auto <input type="checkbox"/>
	3) other _____	2) Other _____		Others <input type="checkbox"/>

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

BASIC SERO 01



Lab Code No. (To be filled by the RML-QAP Provider)

Test Parameters	Methodology	Instrument Make &	Model	Operation
9. HIV*	1) Chemiluminescence <input type="checkbox"/>	1) Vitros <input type="checkbox"/>	_____	Manual <input type="checkbox"/> Auto <input type="checkbox"/> Others <input type="checkbox"/>
	2) Immunochromatography <input type="checkbox"/>	2) Elycses <input type="checkbox"/>	_____	
	3) ELISA	3) Cobas <input type="checkbox"/>	_____	
	3) other _____	4) Rapid Card <input type="checkbox"/>	_____	
		5) ELISA Reader <input type="checkbox"/>	_____	
		6) Other _____	_____	
10. Dengue NS1	1) Immunochromatography <input type="checkbox"/>	1) Rapid Card <input type="checkbox"/>	_____	Manual <input type="checkbox"/> Auto <input type="checkbox"/> Others <input type="checkbox"/>
	2) ELISA <input type="checkbox"/>	2) ELISA Reader <input type="checkbox"/>	_____	
	3) other _____	2) Other _____	_____	

*Note : In each round, PTP shall select any 2 parameters randomly for report. The same will be intimidated to you in each round.

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Testing Analytes & Method Questionnaire

EXTENDED SERO 02



Lab Code No. (To be filled by the RML-QAP Provider)



Serum sample shall be provided to participant for carrying out the following parameters.

Please tick as appropriate.

Test Parameters	Methodology	Instrument Make &	Model	Operation
1. TORCH-IgM/IgG	1) ELISA <input type="checkbox"/>	1) ELISA Reader <input type="checkbox"/>	_____	Manual <input type="checkbox"/>
	2) ECLIA <input type="checkbox"/>	2) COBAS <input type="checkbox"/>	_____	Auto <input type="checkbox"/>
	3) other _____	3) Other _____	_____	Others <input type="checkbox"/>
2. Anti-HBC Igm	1) Chemiluminescence <input type="checkbox"/>	1) Vitros <input type="checkbox"/>	_____	Manual <input type="checkbox"/>
	2) Immunochromatography <input type="checkbox"/>	2) Elycses <input type="checkbox"/>	_____	Auto <input type="checkbox"/>
	3) ELISA <input type="checkbox"/>	3) Cobas <input type="checkbox"/>	_____	Others <input type="checkbox"/>
	4) other _____	4) Rapid Card <input type="checkbox"/>	_____	
		5) ELISA Reader <input type="checkbox"/>	_____	
3. Anti-HBC Total	1) Chemiluminescence <input type="checkbox"/>	1) Vitros <input type="checkbox"/>	_____	Manual <input type="checkbox"/>
	2) Immunofiltration <input type="checkbox"/>	2) Elycses <input type="checkbox"/>	_____	Auto <input type="checkbox"/>
	3) ELISA <input type="checkbox"/>	3) Cobas <input type="checkbox"/>	_____	Others <input type="checkbox"/>
	4) other _____	4) Rapid Card <input type="checkbox"/>	_____	
		5) ELISA Reader <input type="checkbox"/>	_____	
4. Anti-HBe	1) Chemiluminescence <input type="checkbox"/>	1) Vitros <input type="checkbox"/>	_____	Manual <input type="checkbox"/>
	2) Immunofiltration <input type="checkbox"/>	2) Elycses <input type="checkbox"/>	_____	Auto <input type="checkbox"/>
	3) ELISA <input type="checkbox"/>	3) Cobas <input type="checkbox"/>	_____	Others <input type="checkbox"/>
	4) other _____	4) Rapid Card <input type="checkbox"/>	_____	
		5) ELISA Reader <input type="checkbox"/>	_____	
5. HEV IgM	1) Chemiluminescence <input type="checkbox"/>	1) Vitros <input type="checkbox"/>	_____	Manual <input type="checkbox"/>
	2) Immunofiltration <input type="checkbox"/>	2) Elycses <input type="checkbox"/>	_____	Auto <input type="checkbox"/>
	3) ELISA <input type="checkbox"/>	3) Cobas <input type="checkbox"/>	_____	Others <input type="checkbox"/>
	4) other _____	4) Rapid Card <input type="checkbox"/>	_____	
		5) ELISA Reader <input type="checkbox"/>	_____	
6. HAV IgM	1) Chemiluminescence <input type="checkbox"/>	1) Vitros <input type="checkbox"/>	_____	Manual <input type="checkbox"/>
	2) Immunofiltration <input type="checkbox"/>	2) Elycses <input type="checkbox"/>	_____	Auto <input type="checkbox"/>
	3) ELISA <input type="checkbox"/>	3) Cobas <input type="checkbox"/>	_____	Others <input type="checkbox"/>
	4) other _____	4) Rapid Card <input type="checkbox"/>	_____	
		5) ELISA Reader <input type="checkbox"/>	_____	
	3) Other _____	_____		

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

EXTENDED SERO 02



Lab Code No. (To be filled by the RML-QAP Provider)

Test Parameters	Methodology	Instrument Make &	Model	Operation		
7. Brucella-IgG/IgM	1) ELISA	<input type="checkbox"/>	1) Vitros	<input type="checkbox"/>	Manual	<input type="checkbox"/>
	2) ECLIA	<input type="checkbox"/>	2) Elycses	<input type="checkbox"/>	Auto	<input type="checkbox"/>
	3) other _____		3) Cobas	<input type="checkbox"/>	Others	<input type="checkbox"/>
			4) Rapid Card	<input type="checkbox"/>		
			5) ELISA Reader	<input type="checkbox"/>		
			6) Other _____			
8. Leptosprita-IgM	1) ELISA	<input type="checkbox"/>	1) Vitros	<input type="checkbox"/>	Manual	<input type="checkbox"/>
	2) ECLIA	<input type="checkbox"/>	2) Elycses	<input type="checkbox"/>	Auto	<input type="checkbox"/>
	3) other _____		3) Cobas	<input type="checkbox"/>	Others	<input type="checkbox"/>
			4) Rapid Card	<input type="checkbox"/>		
			5) ELISA Reader	<input type="checkbox"/>		
			6) Other _____			

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RML Quality Assurance Program

Testing Analytes & Method Questionnaire

COMPREHENSIVE HEMATOLOGY



Lab Code No. (To be filled by the RML-QAP Provider)

Whole Blood Sample shall be provided to the participant lab for testing following analytes.

Please tick following Method.

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
1. Haemoglobin	1) Photometric	<input type="checkbox"/> 1) Abbott Hematology	<input type="text"/>	Manual	<input type="text"/> g/dl
	2) other _____	<input type="checkbox"/> 2) ABX Hematology	<input type="text"/>	Auto	<input type="text"/> g/L
		<input type="checkbox"/> 3) Beckman	<input type="text"/>	Semi Auto	<input type="text"/> Other _____
		<input type="checkbox"/> 4) Siemens	<input type="text"/>	Other	
		<input type="checkbox"/> 5) Sysmex	<input type="text"/>		
		<input type="checkbox"/> 6) Other _____			
2. WBCx10 ³	1) Electrical Impedance	<input type="checkbox"/> 1) Abbott Hematology	<input type="text"/>	Manual	<input type="text"/> K/ μ l
	2) Light Scattering	<input type="checkbox"/> 2) ABX Hematology	<input type="text"/>	Auto	<input type="text"/> Giga/L(1E+9/L)
	3) Peroxidase Channel(Siemens)	<input type="checkbox"/> 3) Beckman	<input type="text"/>	Semi Auto	<input type="text"/> Other _____
	4) other _____	<input type="checkbox"/> 4) Siemens	<input type="text"/>	Other	
		<input type="checkbox"/> 5) Sysmex	<input type="text"/>		
		<input type="checkbox"/> 6) Other _____			
3. RBCx10 ⁶	1) Electrical Impedance	<input type="checkbox"/> 1) Abbott Hematology	<input type="text"/>	Manual	<input type="text"/> M/ μ l
	2) Light Scattering	<input type="checkbox"/> 2) ABX Hematology	<input type="text"/>	Auto	<input type="text"/> T/L(1E+9/L)
	3) Peroxidase Channel(Siemens)	<input type="checkbox"/> 3) Beckman	<input type="text"/>	Semi Auto	<input type="text"/> T/L(1E+12/L)
	4) other _____	<input type="checkbox"/> 4) Siemens	<input type="text"/>	Other	<input type="text"/> Other _____
		<input type="checkbox"/> 5) Sysmex	<input type="text"/>		
		<input type="checkbox"/> 6) Other _____			
4. Hematocrit	1) Calculated	<input type="checkbox"/> 1) Abbott Hematology	<input type="text"/>	Manual	<input type="text"/> %
	2) other _____	<input type="checkbox"/> 2) ABX Hematology	<input type="text"/>	Auto	<input type="text"/> L/L
		<input type="checkbox"/> 3) Beckman	<input type="text"/>	Semi Auto	<input type="text"/> Other _____
		<input type="checkbox"/> 4) Siemens	<input type="text"/>	Other	
		<input type="checkbox"/> 5) Sysmex	<input type="text"/>		
		<input type="checkbox"/> 6) Other _____			
5. MCV	1) Electrical Impedance	<input type="checkbox"/> 1) Abbott Hematology	<input type="text"/>	Manual	<input type="text"/> fL
	2) Light Scattering	<input type="checkbox"/> 2) ABX Hematology	<input type="text"/>	Auto	<input type="text"/> Other _____
	3) Peroxidase Channel(Siemens)	<input type="checkbox"/> 3) Beckman	<input type="text"/>	Semi Auto	
	4) Calculated	<input type="checkbox"/> 4) Siemens	<input type="text"/>	Other	
	5) other _____	<input type="checkbox"/> 5) Sysmex	<input type="text"/>		
		<input type="checkbox"/> 6) Other _____			

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RML Quality Assurance Program

Testing Analytes & Method Questionnaire

DIGITAL HEMATOLOGY



Lab Code No. (To be filled by the RML-QAP Provider)



DIGITAL HEMATOLOGY CELL MORPHOLOGY PROGRAM

Digital Hematology - The web link shall be communicated with each round through email.

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RML Quality Assurance Program

Testing Analytes & Method Questionnaire

HEMATOLOGY



Lab Code No. (To be filled by the RML-QAP Provider)

Whole Blood Sample shall be provided to the participant lab for testing following analytes.

Please tick following Method.

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit	
6. MCH	1) Calculated	<input type="checkbox"/>	1) Abbott Hematology	<input type="checkbox"/>	Manual <input type="checkbox"/> Auto <input type="checkbox"/> Semi Auto <input type="checkbox"/> Other <input type="checkbox"/>	pg/cell <input type="checkbox"/> Other _____
	2) Light Scattering	<input type="checkbox"/>	2) ABX Hematology	<input type="checkbox"/>		
	2) other _____		3) Beckman	<input type="checkbox"/>		
			4) Siemens	<input type="checkbox"/>		
			5) Sysmex	<input type="checkbox"/>		
			6) Other _____			
7. MCHC	1) Calculated	<input type="checkbox"/>	1) Abbott Hematology	<input type="checkbox"/>	Manual <input type="checkbox"/> Auto <input type="checkbox"/> Semi Auto <input type="checkbox"/> Other <input type="checkbox"/>	g/dl <input type="checkbox"/> g/L <input type="checkbox"/> Other _____
	2) other _____		2) ABX Hematology	<input type="checkbox"/>		
			3) Beckman	<input type="checkbox"/>		
			4) Siemens	<input type="checkbox"/>		
			5) Sysmex	<input type="checkbox"/>		
			6) Other _____			
8. Platelet Count	1) Electrical impedance	<input type="checkbox"/>	1) Abbott Hematology	<input type="checkbox"/>	Manual <input type="checkbox"/> Auto <input type="checkbox"/> Semi Auto <input type="checkbox"/> Other <input type="checkbox"/>	K/ μ l <input type="checkbox"/> Giga/L(1E+9/L) <input type="checkbox"/> Other _____
	2) Light Scattering	<input type="checkbox"/>	2) ABX Hematology	<input type="checkbox"/>		
	3) other _____		3) Beckman	<input type="checkbox"/>		
			4) Siemens	<input type="checkbox"/>		
			5) Sysmex	<input type="checkbox"/>		
			6) Other _____			

9. Digital Hematology - The web link shall be communicated with each round through email.

*Note : PT Material of Hematology is not valid for parameter "WBC" count in SYSMEX XN Series Analyzer.

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Testing Analytes & Method Questionnaire

MICROBIOLOGY



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick as appropriate.

(A) MICROBIOLOGY

Part A: Staining

Methodology used: Automated Manual

If Automated Name of instrument _____

Serial No. / Model No. _____

Part B: Culture & Sensitivity

Methodology used: Automated Manual

If Automated Name of instrument _____

Serial No. / Model No. _____

Date:

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RML Quality Assurance Program

Testing Analytes & Method Questionnaire

MICROBIOLOGY



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick as appropriate.

(B) MEDICAL MYCOLOGY PROGRAM

Culture & Sensitivity

Methodology used: Automated Manual

If Automated

1. Name of instrument _____

Serial No. / Model No. _____

2. Name of instrument _____

Serial No. / Model No. _____

Date:

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RML Quality Assurance Program

Testing Analytes & Method Questionnaire

URINE ROUTINE ANALYSIS



Lab Code No. (To be filled by the RML-QAP Provider)

Stablized Urine Sample shall be provided to the participant lab for testing following analytes.

Please tick following Method.

Test Parameters	Methodology	Instrument Make &	Model	Operation	Unit
1. Specify Gravity	<input type="radio"/> Dipstisk	Roche Cobas u 411	<input type="checkbox"/>	1.Manual 2.Semi Auto	<input type="checkbox"/>
	<input type="radio"/> Other	Dirui H-800	<input type="checkbox"/>		
		Iris iChem Velocity	<input type="checkbox"/>		
		Arkray Aution	<input type="checkbox"/>		
		Roche Uisys	<input type="checkbox"/>		
		Other.....	<input type="checkbox"/>		
2. pH	<input type="radio"/> Dipstisk	Roche Cobas u 411	<input type="checkbox"/>	1.Manual 2.Semi Auto	<input type="checkbox"/>
	<input type="radio"/> Other	Dirui H-800	<input type="checkbox"/>		
		Iris iChem Velocity	<input type="checkbox"/>		
		Arkray Aution	<input type="checkbox"/>		
		Roche Uisys	<input type="checkbox"/>		
		Other.....	<input type="checkbox"/>		
3. Leukocytes	<input type="radio"/> Dipstisk	Roche Cobas u 411	<input type="checkbox"/>	1.Manual 2.Semi Auto	<input type="checkbox"/> / μ l
	<input type="radio"/> Other	Dirui H-800	<input type="checkbox"/>		
		Iris iChem Velocity	<input type="checkbox"/>		
		Arkray Aution	<input type="checkbox"/>		
		Roche Uisys	<input type="checkbox"/>		
		Other.....	<input type="checkbox"/>		
4. Nitrite	<input type="radio"/> Dipstisk	Roche Cobas u 411	<input type="checkbox"/>	1.Manual 2.Semi Auto	<input type="checkbox"/>
	<input type="radio"/> Other	Dirui H-800	<input type="checkbox"/>		
		Iris iChem Velocity	<input type="checkbox"/>		
		Arkray Aution	<input type="checkbox"/>		
		Roche Uisys	<input type="checkbox"/>		
		Other.....	<input type="checkbox"/>		
5. Urinary Protein Total	<input type="radio"/> Dipstisk	Roche Cobas u 411	<input type="checkbox"/>	1.Manual 2.Semi Auto	<input type="checkbox"/> mg/dl
	<input type="radio"/> Other	Dirui H-800	<input type="checkbox"/>		
		Iris iChem Velocity	<input type="checkbox"/>		
		Arkray Aution	<input type="checkbox"/>		
		Roche Uisys	<input type="checkbox"/>		
		Other.....	<input type="checkbox"/>		



RML Quality Assurance Program

Testing Analytes & Method Questionnaire

URINE ROUTINE ANALYSIS



Lab Code No. (To be filled by the RML-QAP Provider)

Stablized Urine Sample shall be provided to the participant lab for testing following analytes.

Please tick following Method.



Test Parameters	Methodology	Instrument Make &	Model	Operation	Unit
6. Glucose	<input type="radio"/> Dipstisk	Roche Cobas u 411	<input type="checkbox"/>	1.Manual 2.Semi Auto	<input type="checkbox"/> <input type="checkbox"/>
	<input type="radio"/> Other	Dirui H-800	<input type="checkbox"/>		
		Iris iChem Velocity	<input type="checkbox"/>		
		Arkray Aution	<input type="checkbox"/>		
		Roche Uisys	<input type="checkbox"/>		
		Other.....			
7. Ketone Bodies	<input type="radio"/> Dipstisk	Roche Cobas u 411	<input type="checkbox"/>	1.Manual 2.Semi Auto	<input type="checkbox"/> <input type="checkbox"/>
	<input type="radio"/> Other	Dirui H-800	<input type="checkbox"/>		
		Iris iChem Velocity	<input type="checkbox"/>		
		Arkray Aution	<input type="checkbox"/>		
		Roche Uisys	<input type="checkbox"/>		
		Other.....			
8. urobilinogen	<input type="radio"/> Dipstisk	Roche Cobas u 411	<input type="checkbox"/>	1.Manual 2.Semi Auto	<input type="checkbox"/> <input type="checkbox"/>
	<input type="radio"/> Other	Dirui H-800	<input type="checkbox"/>		
		Iris iChem Velocity	<input type="checkbox"/>		
		Arkray Aution	<input type="checkbox"/>		
		Roche Uisys	<input type="checkbox"/>		
		Other.....			
9. Bilirubin Total	<input type="radio"/> Dipstisk	Roche Cobas u 411	<input type="checkbox"/>	1.Manual 2.Semi Auto	<input type="checkbox"/> <input type="checkbox"/>
	<input type="radio"/> Other	Dirui H-800	<input type="checkbox"/>		
		Iris iChem Velocity	<input type="checkbox"/>		
		Arkray Aution	<input type="checkbox"/>		
		Roche Uisys	<input type="checkbox"/>		
		Other.....			
10. blood(Haemoglobin)	<input type="radio"/> Dipstisk	Roche Cobas u 411	<input type="checkbox"/>	1.Manual 2.Semi Auto	<input type="checkbox"/> <input type="checkbox"/>
	<input type="radio"/> Other	Dirui H-800	<input type="checkbox"/>		
		Iris iChem Velocity	<input type="checkbox"/>		
		Arkray Aution	<input type="checkbox"/>		
		Roche Uisys	<input type="checkbox"/>		
		Other.....			

Date:

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Authorised Signatory

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

ANA IFA



Lab Code No. (To be filled by the RML-QAP Provider)



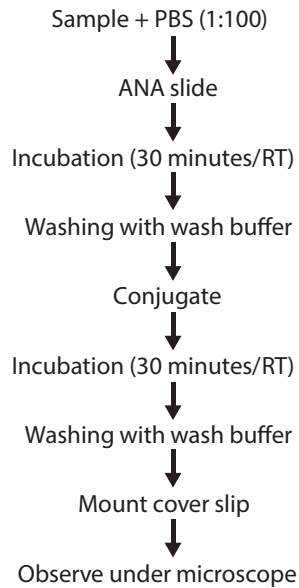
Please tick following.

Serum sample of ANA IFA shall be provided to the participant for processing, staining, mounting and evaluation.

Processing: (To be filled by participant).

1. Processing methodology used: Automated Manual

2. Suggested Processing Protocol :



Any Other: Yes No

If Yes, specify.....



RML Quality Assurance Program

Testing Analytes & Method Questionnaire

ANA PROFILE (LIA)



Lab Code No. (To be filled by the RML-QAP Provider)



Method : Lineblot

Name of assay:

Manufacturer:

Conjugates : IgG

Parameter :

- dsDNA
- Nucleosome
- SS-B/La
- CENP-B
- Histone
- Scl70
- SmD1
- U1-snRNP
- PCNA
- Jo-1
- PO (RPP)
- PM-Scl
- SS-A/R060
- Mi-2
- Ku
- SS-A/Ro52
- DFS70



RML Quality Assurance Program

Testing Analytes & Method Questionnaire

MATERNAL SCREENING MARKERS



Lab Code No. (To be filled by the RML-QAP Provider)

Serum sample shall be provided to participant for carrying out the following parameters.

Please tick as appropriate.

Test Parameter	Methodology	Instrument Make	Model	Operation	Unit
1. Total HCG.	Chemiluminescence <input type="checkbox"/>	Abbott	<input type="checkbox"/>	Manual Auto Semi Auto Others.....	mIU/mL <input type="checkbox"/>
	EIA <input type="checkbox"/>	Beckman	<input type="checkbox"/>		IU/L <input type="checkbox"/>
	Electrochemiluminescence <input type="checkbox"/>	Biomérieux VIDAS	<input type="checkbox"/>		Other _____
	Other	Fujirebio LUMIPULSE	<input type="checkbox"/>		
		Roche	<input type="checkbox"/>		
		Siemens	<input type="checkbox"/>		
	Tosoh AIA	<input type="checkbox"/>			
	VITROS MICROWELL Series	<input type="checkbox"/>			
	Other	<input type="checkbox"/>			
2. Free Beta HCG	ECLIA <input type="checkbox"/>	COBAS	<input type="checkbox"/>	Auto	mIU/mL <input type="checkbox"/>
	ELISA <input type="checkbox"/>	ELISA Reader	<input type="checkbox"/>	Manual	µmol/L <input type="checkbox"/>
	Others..... <input type="checkbox"/>	Others.....	<input type="checkbox"/>	Others.....	mg/dL <input type="checkbox"/>
3. AFP	ECLIA <input type="checkbox"/>	COBAS	<input type="checkbox"/>	Auto	IU/mL <input type="checkbox"/>
	ELISA <input type="checkbox"/>	ELISA Reader	<input type="checkbox"/>	Manual	mIU/mL <input type="checkbox"/>
	Others..... <input type="checkbox"/>	Others.....	<input type="checkbox"/>	Others.....	µmol/L <input type="checkbox"/>
4. PAPP-A	ECLIA <input type="checkbox"/>	COBAS	<input type="checkbox"/>	Auto	mIU/mL <input type="checkbox"/>
	ELISA <input type="checkbox"/>	ELISA Reader	<input type="checkbox"/>	Manual	µmol/L <input type="checkbox"/>
	Others..... <input type="checkbox"/>	Others.....	<input type="checkbox"/>	Others.....	mg/dL <input type="checkbox"/>
5. E3	ECLIA <input type="checkbox"/>	COBAS	<input type="checkbox"/>	Auto	pg/mL <input type="checkbox"/>
	ELISA <input type="checkbox"/>	ELISA Reader	<input type="checkbox"/>	Manual	pmol/L <input type="checkbox"/>
	Others..... <input type="checkbox"/>	Others.....	<input type="checkbox"/>	Others.....	ng/dL <input type="checkbox"/>
6. Inhibin A	ECLIA <input type="checkbox"/>	COBAS	<input type="checkbox"/>	Auto	pg/mL <input type="checkbox"/>
	ELISA <input type="checkbox"/>	ELISA Reader	<input type="checkbox"/>	Manual	pmol/L <input type="checkbox"/>
	Others..... <input type="checkbox"/>	Others.....	<input type="checkbox"/>	Others.....	ng/dL <input type="checkbox"/>



RML Quality Assurance Program

Testing Analytes & Method Questionnaire

HISTOPATHOLOGY



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

(A) HISTOPATHOLOGY

Part A: Tissue sample shall be provided to the participant for processing , sectioning , slide mounting and staining.

Processing : (To be filled by participant.)

1. Processing methodology used : Automated Manual

2. Suggested Processing Protocol :

Formalin → IPA70% → IPA 96 → Xylene → Paraffin
Any other : Yes No

If yes , please specify _____

Part B : Stained slide shall be provided to the participant for diagnosis.

Part C : Virtual Slides * (The Web link shall be communicated via email for each round.)

*Note : The slide has to be returned to the PTP for evaluation and scoring.

Date:

Stamped & Signed By
Authorised Signatory



RML Quality Assurance Program

Testing Analytes & Method Questionnaire

HISTOPATHOLOGY



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.



SPECIAL STAIN

PAS (Periodic Acid-Schiff)

Reagent In-house Purchased

If purchased, mention reagent details _____

Methodology used Automatic Manual

If automated name of the instrument _____

Protocol _____

Date:



RML Quality Assurance Program

Testing Analytes & Method Questionnaire

HISTOPATHOLOGY



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.



SPECIAL STAIN

RETICULIN

Reagent In-house Purchased

If purchased, mention reagent details _____

Methodology used Automatic Manual

If automated name of the instrument _____

Protocol _____

Date:



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RML Quality Assurance Program

Testing Analytes & Method Questionnaire

HISTOPATHOLOGY



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.



SPECIAL STAIN

Van Gieson's (VG) Stain

Reagent In-house Purchased

If purchased, mention reagent details _____

Methodology used Automatic Manual

If automated name of the instrument _____

Protocol _____

Date:



RML Quality Assurance Program

Testing Analytes & Method Questionnaire

HISTOPATHOLOGY



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.



SPECIAL STAIN

Masson's Trichrome

Reagent In-house Purchased

If purchased, mention reagent details _____

Methodology used Automatic Manual

If automated name of the instrument _____

Protocol _____

Date:



RML Quality Assurance Program

Testing Analytes & Method Questionnaire

CYTOPATHOLOGY



Lab Code No. (To be filled by the RML-QAP Provider)



(B) CYTOPATHOLOGY

Virtual Slides*(The web link shall be communicated with each round.)

Date:

Stamped & Signed By
Authorised Signatory



RML Quality Assurance Program

Testing Analytes & Method Questionnaire

RML IHC- BREAST MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

Estrogen Receptor- Alpha (ER- α)

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____
pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

RML IHC- BREAST MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

Progesterone Receptor (PR)

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____
pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

RML IHC- BREAST MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

HER2/neu

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____
pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

IHC- BREAST MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

Ki67

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (Water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____
pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

RML IHC- ROUTINE MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

PAN CYTOKERATIN (PCK)

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____

pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

RML IHC- ROUTINE MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

CK - 7

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____
pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

RML IHC- ROUTINE MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

CK - 20

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____
pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

RML IHC- ROUTINE MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

CK - 5/6

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (Water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____

pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

RML IHC- ROUTINE MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

P - 63

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____
pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

RML IHC- ROUTINE MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

VIMENTINE

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____
pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

RML IHC- ROUTINE MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

DESMIN

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____
pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

RML IHC- ROUTINE MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

GATA 3

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____

pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

RML IHC- ROUTINE MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

S - 100

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____
pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

IHC- ROUTINE MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

CD - 45 (LCA)

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (Water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____
pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

RML IHC- ROUTINE MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

CD - 3

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____
pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

RML IHC- ROUTINE MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

CD - 20

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____
pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

RML IHC- ROUTINE MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

CD - 68

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (Water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____

pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

RML IHC- ROUTINE MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

CD - 34

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____
pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

RML IHC- ROUTINE MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

BCL 2

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____
pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

RML IHC- ROUTINE MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

BCL 6

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____
pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

RML IHC- ROUTINE MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

NAPSIN - A

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____
pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

RML IHC- ROUTINE MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

CHROMOGENIN A

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (Water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____
pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

RML IHC- ROUTINE MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

SYNAPTOPHYSIN

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____

pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

IHC- ROUTINE MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

PAX 5

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (Water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____
pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

IHC- ROUTINE MODULE



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick following.

CEA

(A) Methodology used Manual
Automatic Instrument Name & Manufacture's Name _____

(B) Antibody Details

Ready to use(RTU) Concentrated Company _____ Cat.No:

Clone Name Antibody Batch No./Year of Manufacturing _____ / _____

Expiry Date If Concentrated, Mention Dilution Factor used

Diluent In-House made Company Provided If Company, Mention Name _____

Incubation time Primary Antibody min

(C) Dewaxing Temperature °C Dewaxing Duration min

(D) Method of Epitope Retrieval

(a) Heat induced Epitope Retrieval (HIER) Yes No

If HIER, Name (Water bath/ Microwave oven/ pressure cooker/ company system)

Peak Temperature Duration min (be precise, there has to be only one temperature and one time duration for that)

Peak Pressure (For those using pressurized system) Duration min

(b) Enzyme Yes No If Yes, Mention Name _____ Duration min

(c) None

(E) Retrieval Buffer In-House made Company Provided If Company, Mention Name _____

pH of retrieval buffer

(F) Endogenous peroxidase blocker Yes No If Yes, Mention Name _____ Duration min

(G) Wash solution

(H) Detection system

Name Company _____ Cat.No:

Date Manufacture Expiry Date

Incubation time Secondary Antibody min Incubation time Chromogen -Substrate min

(I) Post Treatment (Copper Sulphate) Yes No If Yes, Mention Name _____ Incubation Duration min

(J) Counter Stain Detail

Name Duration min Manufacturer

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

MOLECULAR



Lyophilized sample shall be provided to the participating lab for following test



Please tick as appropriate.

SARS-CoV-2

Method:

SARS-CoV-2

a) RT-PCR b) CBNAAT

Kit Details of RT-PCR:

Kit Name:

Gene Detected: E RdRP S N ORF1ab RNase P

Nucleic Acid Extraction Method: _____

Manual / Automated (Name of Platform: _____)

Nucleic Acid Extraction Method: _____

Extraction/ Amplification Control Used : Yes No

Real Time PCR Machine Used: _____

CBNAAT Details:

Kit Name:

Gene Detected: E RdRP S N ORF1ab RNase P

Date:

Stamped & Signed By
Authorised Signatory



Doc No.QAP/FR/11/ROD/Dt:25.11.21

Continuous efforts & Execution leads to quality excellence



RML Quality Assurance Program

Testing Analytes & Method Questionnaire

MOLECULAR



Lyophilized sample shall be provided to the participating lab for following test

Please tick as appropriate.

Test name	Nucleic acid extraction Instrument/Kit details	RT-PCR Instrument Name/model
Chikungunya RNA Qualitative	1. Manual <input type="checkbox"/> 2. Automatic <input type="checkbox"/> If automatic, Mention the Instrument Name a. Qiagen QiaCube <input type="checkbox"/> b. Roche MagNA Pure <input type="checkbox"/> c. Thermo Kingfisherflex <input type="checkbox"/> d. Other <input type="checkbox"/> If other, mention manufacturer & model name..... Nucleic acid Extraction kit details Kit Name: Cat No:	1. Agilent AriaMX <input type="checkbox"/> 2. BioRad CFX 96 <input type="checkbox"/> 3. Roche LightCycler <input type="checkbox"/> 4. Thermo QuantStudio <input type="checkbox"/> 5. Other <input type="checkbox"/> If other, mention manufacturer & model name..... Real-Time PCR kit details Kit Name: Cat No:
Dengue RNA Qualitative	1. Manual <input type="checkbox"/> 2. Automatic <input type="checkbox"/> If automatic, Mention the Instrument Name a. Qiagen QiaCube <input type="checkbox"/> b. Roche MagNA Pure <input type="checkbox"/> c. Thermo Kingfisherflex <input type="checkbox"/> d. Other <input type="checkbox"/> If other, mention manufacturer & model name..... Nucleic acid Extraction kit details Kit Name: Cat No:	1. Agilent AriaMX <input type="checkbox"/> 2. BioRad CFX 96 <input type="checkbox"/> 3. Roche LightCycler <input type="checkbox"/> 4. Thermo QuantStudio <input type="checkbox"/> 5. Other <input type="checkbox"/> If other, mention manufacturer & model name..... Real-Time PCR kit details Kit Name: Cat No:
HBV DNA Quantitative and Qualitative	1. Manual <input type="checkbox"/> 2. Automatic <input type="checkbox"/> If automatic, Mention the Instrument Name a. Qiagen QiaCube <input type="checkbox"/> b. Roche MagNA Pure <input type="checkbox"/> c. Thermo Kingfisherflex <input type="checkbox"/> d. Other <input type="checkbox"/> If other, mention manufacturer & model name..... Nucleic acid Extraction kit details Kit Name: Cat No:	1. Agilent AriaMX <input type="checkbox"/> 2. BioRad CFX 96 <input type="checkbox"/> 3. Roche LightCycler <input type="checkbox"/> 4. Thermo QuantStudio <input type="checkbox"/> 5. Other <input type="checkbox"/> If other, mention manufacturer & model name..... Real-Time PCR kit details Kit Name: Cat No:

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

MOLECULAR



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick as appropriate.

Test name	Nucleic acid extraction Instrument/Kit details	RT-PCR Instrument Name/model
HCV RNA Quantitative and Qualitative	1. Manual <input type="checkbox"/> 2. Automatic <input type="checkbox"/> If automatic, Mention the Instrument Name a. Qiagen QiaCube <input type="checkbox"/> b. Roche MagNA Pure <input type="checkbox"/> c. Thermo Kingfisherflex <input type="checkbox"/> d. Other <input type="checkbox"/> If other, mention manufacturer & model name..... Nucleic acid Extraction kit details Kit Name: Cat No:	1. Agilent AriaMX <input type="checkbox"/> 2. BioRad CFX 96 <input type="checkbox"/> 3. Roche LightCycler <input type="checkbox"/> 4. Thermo QuantStudio <input type="checkbox"/> 5. Other If other, mention manufacturer & model name..... Real-Time PCR kit details Kit Name: Cat No:
HLA B27 DNA Qualitative	1. Manual <input type="checkbox"/> 2. Automatic <input type="checkbox"/> If automatic, Mention the Instrument Name a. Qiagen QiaCube <input type="checkbox"/> b. Roche MagNA Pure <input type="checkbox"/> c. Thermo Kingfisherflex <input type="checkbox"/> d. Other <input type="checkbox"/> If other, mention manufacturer & model name..... Nucleic acid Extraction kit details Kit Name: Cat No:	1. Agilent AriaMX <input type="checkbox"/> 2. BioRad CFX 96 <input type="checkbox"/> 3. Roche LightCycler <input type="checkbox"/> 4. Thermo QuantStudio <input type="checkbox"/> 5. Other If other, mention manufacturer & model name..... Real-Time PCR kit details Kit Name: Cat No:

RML Quality Assurance Program

Testing Analytes & Method Questionnaire

MOLECULAR



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick as appropriate.

Test name	Nucleic acid extraction Instrument/Kit details	RT-PCR Instrument Name/model
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MTB DNA Qualitative	1. Manual <input type="checkbox"/> 2. Automatic <input type="checkbox"/> If automatic, Mention the Instrument Name a. Qiagen QiaCube <input type="checkbox"/> b. Roche MagNA Pure <input type="checkbox"/> c. Thermo Kingfisherflex <input type="checkbox"/> d. Other <input type="checkbox"/> If other, mention manufacturer & model name..... Nucleic acid Extraction kit details Kit Name: Cat No:	1. Agilent AriaMX <input type="checkbox"/> 2. BioRad CFX 96 <input type="checkbox"/> 3. Roche LightCycler <input type="checkbox"/> 4. Thermo QuantStudio <input type="checkbox"/> 5. Other If other, mention manufacturer & model name..... Real-Time PCR kit details Kit Name: Cat No:
	CBNAAT/ TrueNAT / GeneXpert Details: If CBNAAT/ TrueNAT / GeneXpert method used, please mention details here Instrument Details : Kit Details :	

	1. Manual <input type="checkbox"/> 2. Automatic <input type="checkbox"/> If automatic, Mention the Instrument Name a. Qiagen QiaCube <input type="checkbox"/> b. Roche MagNA Pure <input type="checkbox"/> c. Thermo Kingfisherflex <input type="checkbox"/> d. Other <input type="checkbox"/> If other, mention manufacturer & model name..... Nucleic acid Extraction kit details Kit Name: Cat No:	1. Agilent AriaMX <input type="checkbox"/> 2. BioRad CFX 96 <input type="checkbox"/> 3. Roche LightCycler <input type="checkbox"/> 4. Thermo QuantStudio <input type="checkbox"/> 5. Other If other, mention manufacturer & model name..... Real-Time PCR kit details Kit Name: Cat No:
	CBNAAT/ TrueNAT / GeneXpert Details: If CBNAAT/ TrueNAT / GeneXpert method used, please mention details here Instrument Details : Kit Details :	



RML Quality Assurance Program

Testing Analytes & Method Questionnaire

MOLECULAR



Lab Code No. (To be filled by the RML-QAP Provider)

Please tick as appropriate.

Test name	Nucleic acid extraction Instrument/Kit details	RT-PCR Instrument Name/model
PCR Malaria	1. Manual <input type="checkbox"/> 2. Automatic <input type="checkbox"/> If automatic, Mention the Instrument Name a. Qiagen QiaCube <input type="checkbox"/> b. Roche MagNA Pure <input type="checkbox"/> c. Thermo Kingfisherflex <input type="checkbox"/> d. Other <input type="checkbox"/> If other, mention manufacturer & model name..... Nucleic acid Extraction kit details Kit Name: Cat No:	1. Agilent AriaMX <input type="checkbox"/> 2. BioRad CFX 96 <input type="checkbox"/> 3. Roche LightCycler <input type="checkbox"/> 4. Thermo QuantStudio <input type="checkbox"/> 5. Other If other, mention manufacturer & model name..... Real-Time PCR kit details Kit Name: Cat No:

