



RIQAS explained

The largest global EQA scheme, serving over 28,000 laboratory participants





External Quality Assessment (EQA) is an essential aspect of any laboratory operation. EQA provides a means of assessing the analytical performance of a laboratory compared to other laboratories utilising the same methods and instruments.

Overall objective of EQA

To develop interlaboratory comparability which allows standardisation of diagnostic testing. EQA measures a laboratory's accuracy using 'blind' samples that are analysed as if they were patient samples. Results are returned to the scheme organiser for statistical analysis. Laboratories receive a report comparing their individual performance against other participants in the programme. EQA has a number of functions:

- Maintaining and improving the analytical quality of laboratory tests
- Improving interlaboratory agreement and raising standards
- Detecting equipment failures, identifying reagent problems, reviewing staff training
- · Initiating and evaluating corrective actions
- Comparing different analytical methods

Participation in an EQA scheme will help produce reliable and accurate reporting of patient results. Quality results will reduce time and labour costs, and most importantly provide accurate patient diagnosis and treatment.

RIQAS Programmes

- Ammonia/Ethanol
- Blood GasBNP
- Cardiac
- Clinical Chemistry
- Coagulation
- Glycated Haemoglobin (HbA1c)
- Haematology

- Human Urine
- Immunoassay
- Immunoassay Speciality I
- Immunoassay Speciality 2
- Lipid
- Liquid Cardiac
- Maternal Screening
- Specific Proteins

- Therapeutic Drugs
- Urinalysis
- Urine Toxicology
- Serology (HIV/ Hepatitis)
- Serology (ToRCH)
- Serology Epstein Barr Virus (EBV)
- Serology (Syphilis)

RIQAS Support

RIQAS support staff are on hand to offer advice and troubleshoot technical queries.

EOA

RIQAS is the largest international EQA scheme in the world. It is used by more than 28,000 laboratory participants in 105 countries worldwide. Twenty three programme types are currently available.



Accreditation

RIQAS provides Certificates as proof of EQA participation and performance for laboratory accreditation purposes.

RIQAS is a UKAS accredited Proficiency Testing Provider, No. 0010, and is accredited to ISO/IEC 17043:2010, 'Conformity Assessment- General Requirements for Proficiency Testing', which cancels and replaces ISO/IEC Guide 43 - (1+2) and ILAC G13:2007.

Accreditation to ISO/IEC 17043:2010 highlights the superior quality and excellence of RIQAS.

UK Performance Surveillance

- Recognised by the UK National Quality Assurance Advisory Panel (NQAAP) for Clinical Pathology
- Recognised by the Joint Working Group on Quality Assurance (JWG QA)

Independent Advisory Panel

RIQAS participants have access to an independent advisory panel consisting of scientific and clinical experts. This ensures professional and ethical conduct of the scheme and participant confidentiality.

RIQAS Facts

A good EQA scheme should have:

- Sufficient number of participants
- Effective consolidation of programmes
- International recognition through accreditation
- Quality material
- Regular reports with rapid turnaround times
- Independent advisory panel
- Flexible programme choices

RIQAS Features and Benefits

RIQAS samples are custom-manufactured to be both stable and similar to human samples.

- A high level of participation ensures a large database of results and analytical methods, therefore increasing statistical validity.
- Programmes accepted by National and International accreditation bodies worldwide.
- Human samples free from interfering preservatives increase confidence that EQA performance mirrors the performance of patient samples.
- Optimised shipping of samples for each cycle.

- Wide range of parameters covering a broad spectrum of laboratory testing.
- Regular reports with rapid turnaround, ensuring corrective actions can be taken prior to analysis of subsequent samples.
- User friendly reports, **easy to read** at a glance, saving valuable laboratory time.
- Reduced parameter options for selected programmes offer greater flexibilty, ensuring suitability for laboratories of all sizes and budgets.

- Participant certificates provide evidence of participation in a reputable EQA scheme.
- Multi-instrument reports allow assessment of performance of all systems in the laboratory.
- Interlaboratory group reports allow comparison of multiple connected laboratories.
- Reference method values are provided in the Clinical Chemistry programme for 12 parameters.



RIQAS Reports

RIQAS reports are presented in a user friendly, one page per parameter format. This allows easy interpretation of your analytical performance.

RIQAS Reports

- Statistical breakdown by all methods, your method and, where applicable, your instrument including running means for the last 10 samples.
- Compare your instrument group, method group and all methods using the histogram.
- Identify trends, biases and precision problems using the visual charts.
- The Target Score chart grades your performance in a moving window over the last 20 samples, including the previous cycle.
- At-a-glance summary page for all parameters in the programme.
- Compare your result with statistically robust consensus means.
- Identify acceptable and poor performance using fit-for-purpose performance indicators:
 - SD I - % Deviation
 - Target Score

Multi-Instrument Reports

Laboratories can register up to five instruments at no extra cost. Individual reports for each instrument plus a unique multi-instrument report are provided.

The multi-instrument report allows the comparative performance of each instrument. Additional sample packs may be ordered as required.



PDF Reporting

RIQAS reports can now be presented in pdf (portable document format), offering easy review and storage of your laboratory's EQA data.

There are many advantages associated with pdf reporting, increasing the usability and efficiency of data analysis.

Summary CSV files

It is possible to receive an additional summary of your report statistics, acceptable limits and performance indicators as a .csv file for every sample.

A retrospective statistics summary is also available, four weeks after the final date, for parameters where a result has not been submitted on time.

RIQAS Facts

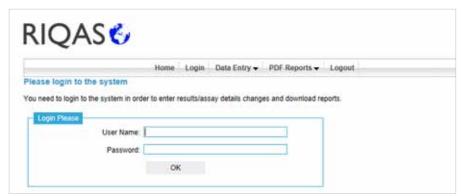
Interlaboratory group reports:

The Group Reporting facility enables laboratory groups to monitor satellite sites. Laboratories can receive individual reports with the group supervisor receiving a report comparing the laboratories within the group. This allows easy assessment of performance of all laboratories within a group.

Web-Based Data Transfer

The **RIQASNet** system offers easy direct access for the submission of results and retrieval of reports straight from the **RIQAS** host server.









- Website available in multiple languages.
- Confidentiality and security is maintained through the use of password protected access.
- Submit current, corrected and future results (normal policies apply), directly into RIQAS database. Receipt of results is confirmed by e-mail.
- Multi-lingual registration identifier provides simple identification of multiple registrations.
- Additions and changes to assay details can be made online.
- Requests for new method, instrument and reagent codes can be made online.
- Details of assays or reagent instructions for use can be sent directly to RIQAS for ease of classification.
- Reports are emailed in pdf format as soon as they are prepared.
- Up to two cycles of reports are available to be downloaded from website.
- View, print, store or distribute reports as you wish.
- Update certificate of participation details in multiple languages.
- All that is required is web access, Adobe Reader (for viewing reports) and a valid password to access system. No additional software required.

Participation in RIQAS



Participant registers methods used in their lab by completing enrolment document. Enrolment documents are available from www.riqas.com and should be submitted 3 weeks before the cycle starts. Check RIQAS polices in method questionnaire.



Participant recieves a set of numbered samples for the cycle along with a username/ password to access RIQASNet.



Participant analyses the sample on the recommended date, carefully following the instructions for use.





Participant receives report by e-mail or post.



Participant submits the results via RIQASNet, or sends the return sheet by fax or post, before the "final date" deadline.



Participant enters the results on RIQASNet or on the return sheet.





Participant reviews the report to assess performance



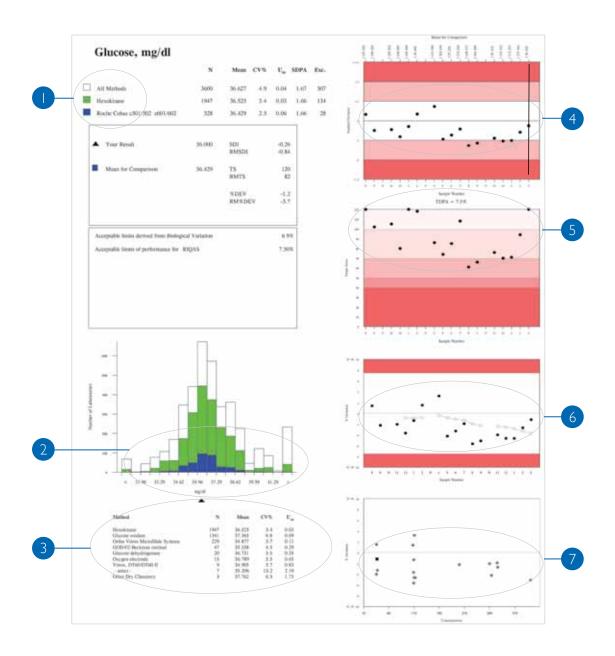
Participant receives an end-of-cycle report, a certificate of acceptable performance and a certificate of participation at the end of the cycle, provided that more than half results are returned.



Method changes and registration of additional parameters can be submitted via RIQASNet.

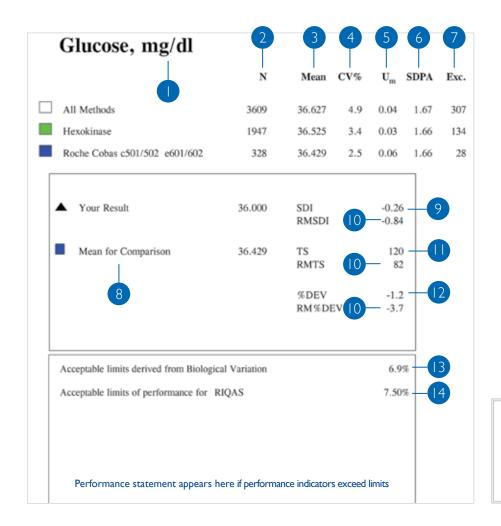
Standard Report

Performance data is presented in a one page format with up to seven sub-reports.



0	Text Section:	Statistics for all methods, your method and instrument group (programme specific).
2	Histogram:	Method and instrument comparison.
3	Multi-Method Stat Section:	Enables assessment of the performance of each method.
4	Levey-Jennings Chart:	Details features of your laboratory's performance.
5	Target Score:	This unique chart provides a numerical index of performance, allowing at a glance assessment.
6	% Deviation by Sample:	Helps to identify trends and shifts in performance.
7	% Deviation by Concentration:	Rapid assessment of concentration related biases.

Text Section



RIQAS performance indicators include SDI, Target Score and % deviation.

Acceptable performance criteria: SDI <2SDPA

Target score >50

% deviation < defined acceptable limits

- Report is presented in your chosen unit.
- Number of returned results used to generate Mean for Comparison.
- Average value of all laboratories' results.
- Coefficient of Variation.
- Uncertainty associated with the mean for comparison.

$$U_{m} = \frac{1.25 \times SD}{\sqrt{n}}$$

SDPA = Standard Deviation for Performance Assessment, calculated from the Target Deviation for Performance Assessment (TDPA) and the mean for comparison.

SDPA =
$$\frac{\text{TDPA} \times \text{Mean for comparison}}{\text{t-value} \times 100}$$

t-value = factor which represents the % of poor performers reflected in the TDPA (t-value \sim 1.645 when \sim 10% laboratories achieve poor performance) SDPA is combined with Um, where appropriate.

If U $_{\rm m}$ > (0.3 x SDPA) then SDPA $_{\rm adjusted}$ = $\sqrt{$ (U $_{\rm m}^{-2}$ + SDPA 2) and the reported value is suffixed with "a"

If U_m is less than (0.3 x SDPA) then SDPA $_{adjusted}$ = SDPA

- 7 After statistical reduction, some results are excluded.
- Ideally this will be your instrument group mean. If N<5 for instrument group, your method group Mean is selected as Mean for Comparison.
- Running Mean average of the last 10 performance indicators is used to monitor performance over time and concentration range.
- Target Score The closer a value is to 120, the better the performance.
- % Deviation from the Mean for Comparison the closer the value is to zero, the better the performance.
- Biological Variation stated for information purposes only.
- Performance limit set for this parameter.

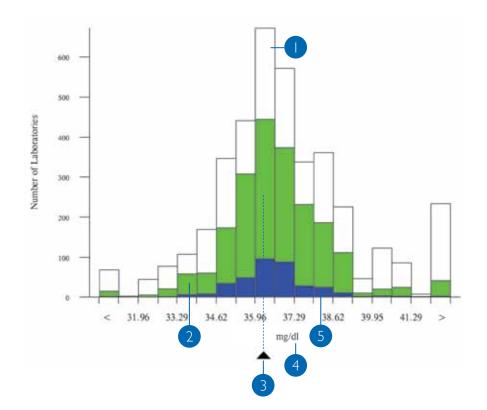
Histogram

The Bar Graph is intended as a quick visualisation of how your lab's result falls into the overall picture of:

All methods

Your method group

Your instrument group
(programme specific)

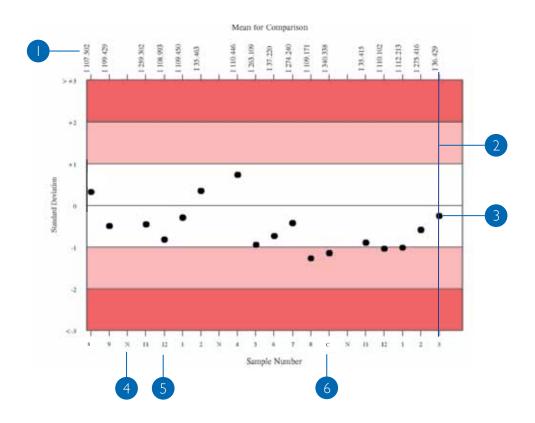


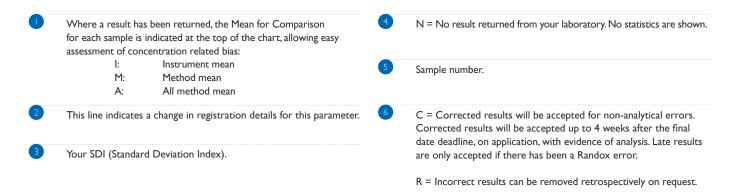
- Total of 673 laboratories reported values between 35.96 and 36.63.
- 58 laboratories reported values between 33.29 and 33.96 in your method group.
- Your Result.

- 4 RIQAS reports show your unit of measurement.
 - 25 laboratories reported values between 37.96 and 38.62 in your instrument group.

Levey Jennings Chart

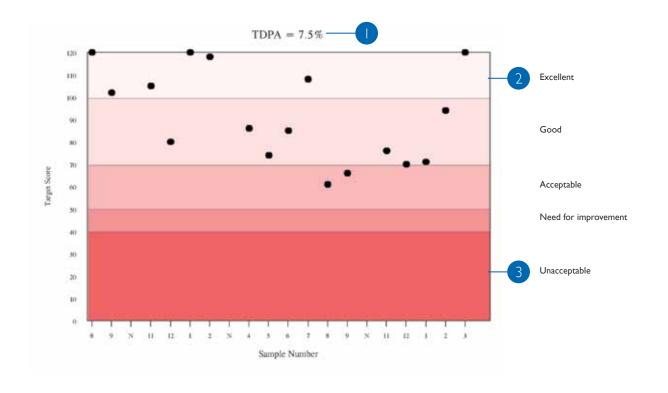
SDIs reflect laboratory performance in relation to fit-for-purpose SDPAs and are useful to monitor performance over time. Acceptable performance is SDI < 2SDPA.





Target Score Chart

The Target Score (TS) allows participants to assess their performance at a glance. The TS relates the % deviation of your result from the Mean to a Target Deviation for Performance Assessment (TDPA). TDPAs are set to encourage participants to achieve and maintain acceptable performance. TDPAs are fit-for-purpose performance criteria which are set taking guidance from ISO/IEC17043, ISO13528 and IUPAC. Target Deviations for Performance Assessment are also used to calculate the Standard Deviation for Performance Assessment (SDPA).

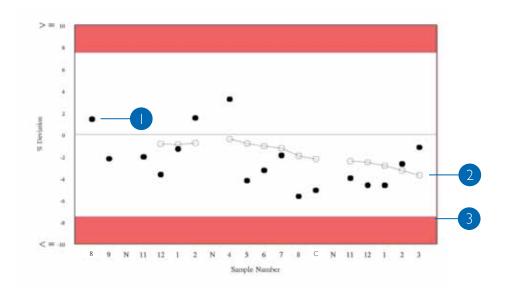


- This is the upper deviation limit of performance for this parameter. TDPAs are reviewed regularly and deemed fit for purpose by the RIQAS Advisory Panel.
- High score >50 in the lighter shaded area represents acceptable, good or excellent performance.
- Heavy shading for values 10 to 50 signifies poor performance.

% Deviation by Sample Chart

This chart helps to identify trends and shifts in performance.

% Deviation =
$$\frac{\text{Your result - Consensus Mean}}{\text{Consensus Mean}} \times 100\%$$

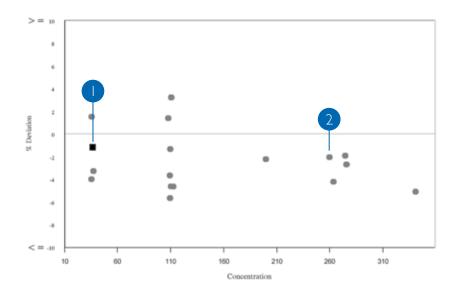


- % Deviation from Mean for Comparison.
- Plot of Running Mean % deviations (average of the last 10 % deviations for the sample indicated).

Acceptable limits of performance. These are defaulted to RIQAS TDPAs but can be set to e.g. biological variation or regulatory requirement on request.

% Deviation by Concentration Chart

This chart enables rapid assessment of concentration related biases. Biases at low or high concentrations may be easily determined, also whether a particular sample is a random outlier or if a bias is always present at that concentration.



Current sample indicated by square.

2

% Deviation at specific concentration.

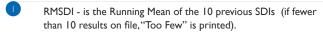
Multi Method Stat Section

This section provides an easy way of assessing the performance of the other methods used to analyse the parameter.

Method	N	Mean	CV%	U _m
Hexokinase	1947	36.525	3.4	0.03
Glucose oxidase	1341	37.365	6.8	0.09
Ortho Vitros MicroSlide Systems	229	34.877	3.7	0.11
GOD/02-Beckman method	47	35.538	4.5	0.29
Glucose dehydrogenase	20	36.731	3.5	0.35
Oxygen electrode	15	36.789	5.5	0.65

Summary Page

Analyte	Mean for Comparison	Your Result	SDI	RMSDI	%DEV	RM%DEV	TS	RMTS	Performance
Albumin	2.120	2.230	1.00	0.37 —	5.2	2.0	72	107	
Alkaline Phosphatase	17.705	19.000	0.61	-0.27	7.3	-2.9	93	105	
ALT (GPT)	12.387	12.000	-0.33	-0.47	-3.1	-3.8	119	103	
Amylase, Total	20.454	22.000	0.72	-0.29	7.6	-2.5	86	103	_
AST (GOT)	11.976	11.000	-0.86	-0.03	-8.2	-0.4	3 78	100 —	4
Bicarbonate	8.203	6.900	-1.48	0.15	-15.9	1.5	54	98	
Bilirubin, Direct	0.251	0.380	2.57	2.64	51.3	47.2	31	29	<u> </u>
Bilirubin, Total	0.701	0.640	-0.91	-0.29	-8.8	-2.9	76	101	
Calcium	6.074	6.020	-0.19	-0.40	-0.9	-1.8	120	92	
Chloride	76.353	77.000	0.30	-0.28	0.8	-0.8	120	98	
Cholesterol	112.696	110.000	-0.55	0.05	<u>12.7</u>	0.2	97	115	
CK, Total	111.659	111.000	-0.08	0.35	-0.6	2.5	120	107	
Creatinine	0.607	0.620	0.27	0.06	2.1	0.5	120	117	
Glucose	36.429	36.000	-0.26	-0.84	-1.2	-3.7	120	82	
HDL-Cholesterol	98.836	102.000	0.21	-0.04	3.2	-0.4	120	113	
Iron	97.374	99.000	0.28	0.01	1.7	0.1	120	114	
Lactate (Pilot)		No Result		Too Few		Too Few	N/A	N/A	
LD (LDH)	85.894	87.000	0.11	-0.70	1.3	-6.3	120	89	
Magnesium	1.313	1.390	0.79	-0.07	5.8	-0.5	82	107	
Phosphate, Inorganic	1.451	1.540	1.02	0.02	6.1	0.1	71	112	
Potassium	1.770	1.840	1.10	-0.25	3.9	-0.7	67	99	
Protein, Total	3.850	3.830	-0.11	0.07	-0.5	0.3	120	114	
Sodium	112.537	114.000	0.58	-0.01	1.3	-0.0	95	104	
TIBC	133.143	133.000	-0.01	-0.01	-0.1	-0.1	120	117	
Trig Total	23.626	24.000	0.18	-0.09	1.6	-0.6	120	114	
Urea	5.872	5.000	-2.02	-0.57	-14.9	-4.0	<u>41</u>	95	A
Uric Acid (Urate)	3.135	3.100	-0.20	-0.44	-1.1	-2.4	120	107	
			ORM	SDI -0.05	OR	M%DEV 0.8	ORM	TS 102	
				5		6		7	



Red triangle appears when all performance indicators (SDI, %DEV and TS) exceed acceptable performance, i.e: when SDI > 2SDPA

TS < 50

%DEV > acceptable limits set

- 3 RM % DEV Average of the last 10 %DEV for this parameter.
- 4 RMTS Average of the last 10 Target Scores for this parameter.
- Overall RMSDI = average RMSDI for this sample distribution.
- Overall RM%DEV = average RM%DEV for this sample distribution.
- Overall RMTS = average RMTS for this sample distribution.

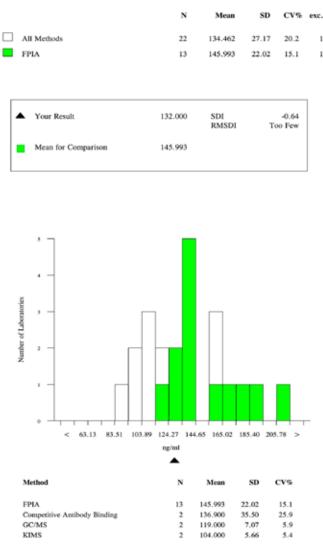
Urine Toxicology Report

SCREENING SECTION

QUANTITATIVE SECTION

Cannabinoids Group, ng/ml Your Result Positive Based on weighed-in value of 125 and your chosen cut-off value of 50 the correct response was Positive THC Phenobarbital Oxazepam Benzoylecgonine Ethanol Free Morphine Phencyclidine ng/ml ng/ml ng/ml ng/ml ng/ml ng/ml ng/ml

	Cut-off	TN	TP	FN	FP	RC	NT	Total
Your Result	50	0	1	0	0	0	0	1
FPIA	25	0	3	0	0	0	0	3
	50	0	11	1	0	0	0	12
	All	0	14	1	0	0	0	15
All Methods	20	0	2	0	0	0	0	2
	25	0	3	0	0	0	0	3
	30	0	1	0	0	0	0	1
	50	0	54	17	0	2	1	74
	65	0	1	0	0	0	0	1
	100	0	3	0	0	0	0	3
	145	0	0	0	1	0	0	1
	All	0	64	17	1	2	1	85
Competitive Antibody Binding	50	0	7	2	0	0	0	9
CEDIA	50	0	1	0	0	0	0	1
DRI-EIA	50	0	4	0	0	0	0	4
EMIT	50	0	2	0	0	0	0	2
EMIT II+	50	0	2	0	0	0	0	2
KIMS	50	0	4	0	0	0	0	4
Point of Care	50	0	22	12	0	2	0	36
Randox Biochip Array Technology	50	0	1	0	0	0	0	1
Biosite Triage	50	0	0	2	0	0	1	3



Performance History

Your Data (Last 10 Samples) Your Method (This Sample) Your Method (Last 10 Samples) All Methods (This Sample)

0 % False Negatives

7 % False Negatives 0 % False Positives 100 % Correct Responses 93 % Correct Responses

0 % False Positives

8 % False Negatives

12 % False Positives 81 % Correct Responses 20 % False Negatives

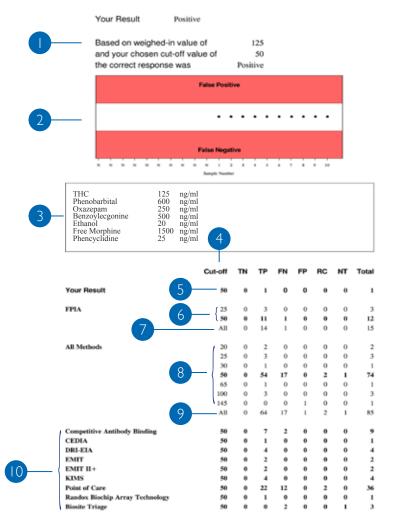
1 % False Positives 79 % Correct Responses All Method (Last 10 Samples)

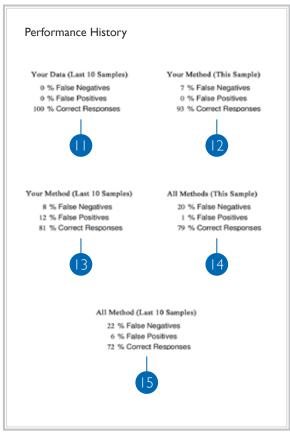
22 % False Negatives

6 % False Positives 72 % Correct Responses

Urine Toxicology Report Screening Section

Cannabinoids Group, ng/ml





Screening Results: This chart is a quick visualisation of your performance over the last 20 samples. A result in the white section indicates a correct response. A result in the upper red section indicates a False Positive response, and a result in the lower red section indicates a False Negative response.
 Comment section for RIQAS to provide your laboratory with additional relevant information regarding this sample, such as spiked metabolite concentration.
 Screening result response categories. All abbreviations indicated at the bottom of the report rage.

Screening Text Section.

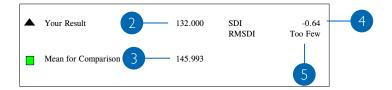
- Screening result response categories. All abbreviations indicated at the bottom of the report page.

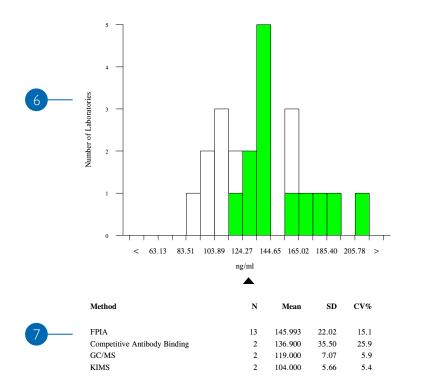
 KEY
 - $\begin{array}{lll} TN \text{ true negative} & TP \text{ true positive} & FN \text{ false negative} \\ FP \text{ false positive} & RC \text{ sent for confirmation} & NT \text{ not tested} \end{array}$
- Screening Summary: Your screening result shown in the appropriate response category and your cut off for this sample.

- Screening results for all cut-offs returned for this sample within your method group.
- 7 Total screening results over all your cut-offs for your laboratory's method.
- 8 Screening results for all cut-offs returned for this sample over all methods.
- Total screening results over all cut-offs for all methods.
- Screening results for other methods using same cut-off as your laboratory.
- Performance history for this parameter, based on previous 10 samples.
- Performance of your method over all cut-offs for this sample.
- Performance history of your method over all cut-offs, based on the previous 10 samples.
- Performance of all methods over all cut-offs for this sample.
- Performance history of all methods over all cut-offs, based on the previous 10 samples.

Urine Toxicology Report Quantitative Section





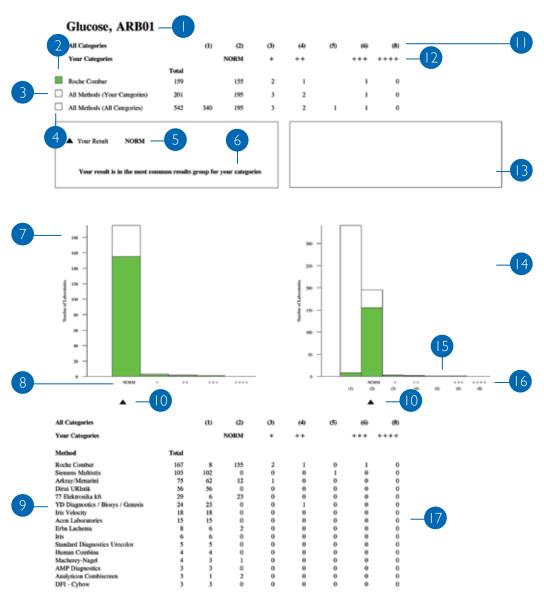


- Quantitative Text Section: Comparison statistics. Caution is needed when the N value is too small to support statistical significance.
- Your Result.
- Your Mean for Comparison.
- Standard Deviation Index = (Your Result Mean for Comparison)

 SD of Mean for comparison
- Running mean SDI = average of last 10 SDIs for this parameter (If fewer than 10 results, "Too Few" is printed).
- Quantitative Results Histogram: This graph provides a quick visualisation of how your quantitative result falls into the overall picture for all methods and your method group.
- All available method statistics for this sample.

Urinalysis Report

SCREENING RESULTS



Categories are stated in your unit.

Your method group and categories.

Results from all methods (dipsticks) returning results in the same categories as your lab.

Results from all methods for all available categories.

Your Result.

Performance Statement.

Your Categories Histogram: A quick visualisation of how your lab's result falls into the overall picture for your categories.

Possible reporting categories for your method.

All available methods for this parameter.

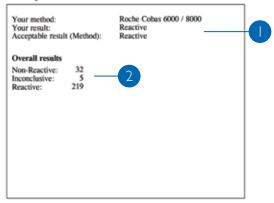
- Your Result.
 All categories (result options) available for this parameter for any method (dipstick).
 Your categories (available result options for chosen dipstick and unit).
 Comments Box.
 All Categories Histogram: a quick visualisation of how your lab's result falls into the overall picture for all categories.
 Results submitted from a category not applicable to your method.
 Your categories.
 - Detailed summary of results: This table enables you to see how you compare to all other results.

Serology: Screening (Qualitative) Report

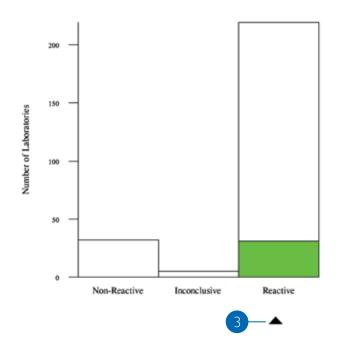
Your performance for multiple samples is presented in a convenient single report per quarterly distribution.

HBsAg

Sample 16



Method	N	Non-Reactive	Inconclusive	Reactive
Abbott Architect	60	0	0	60
Roche Cobus 4000/e411	34	1	0	33
Roche Cobas 6000 / 8000	31	0	0	31
Siemens/Bayer ADVIA Centaur	22	0	0	22
Roche Elecsys	17	1	0	16
Biomerieux VIDAS	15	1	0	14
Abbott Axsym	11	2	0	9
Beckman DxI 600 / 800	11	1	2	8
Ortho Vitros 3600/5600/ECi	11	0	0	11
urklab/Toyo Labmen Rapidtest	5	3	0	2
leckman Access/LXi725	4	0	2	2
D Bioline Rapid Test HBsAg	4	3	0	1
Bio-Rad HBs PLUS	3	1	0	2
Diasorin/Abbott Murex ELISA	3	2	1	0
Siemens/DPC Immulite 2000/2500	3	3	0	0
Koroglu Laboquick HBsAg test	3	3	0	0
Roche Modular E170	3	0	0	3
Biomerieux Hepanostika	2	0	0	2
General Biologicals ELISA	2	2	0	0



- Your qualitative result and chosen method are presented along with the acceptable result based on an 80% consensus. This consensus will be at the method level if there are ≥5 labs in the group or if there are <5 labs, will be at the all method level.
- Overall Summary shows the number of results for this parameter and sample which are non-reactive, inconclusive or reactive.
- Your Result is shown as a black triangle on the category chart compared to other laboratories in groups:

 All Methods

 Your Method
- Summary shows performance of all the methods used to analyse the parameter.

Serology: Screening (Quantitative) Report

Your performance for multiple samples is presented in a convenient single report

per quarterly distribution.

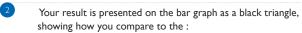
Anti-Rubella IgG, IU/ml

	N	Mean	CV%	$\mathbf{U}_{\mathbf{m}}$	SDPA	Exc
All methods	210	92.574	37.2	2.97	34.42	31
Abbott Architect	39	83.219	8.7	1.46	7.27	5
Your Result		84.800	SDI RMS	SDI	0. Too F	.22 ew

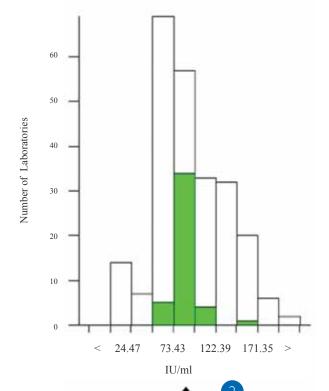


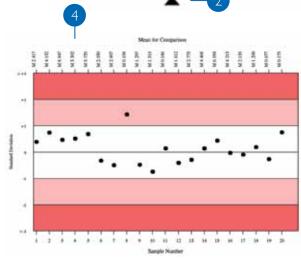
Method	N	Mean	CV%	$\mathbf{U}_{\mathbf{m}}$
Biomerieux VIDAS	48	150.979	9.8	2.97
Abbott Architect	44	83.219	8.7	1.46
Roche Cobas 6000/8000	18	58.792	3.6	0.68
Abbott Axsym	17	108.206	18.0	6.09
Siemens/DPC Immulite 2000/2500	17	90.800	6.2	1.94
Roche Cobas 4000/e411	17	59.973	7.0	1.35
Siemens/Bayer ADVIA Centaur	14	120.775	11.0	5.88
Roche Elecsys	11	57.043	3.9	1.05
Diasorin Liaison	9	52.388	18.0	4.16
Roche Modular E170	9	58.949	3.9	1.08
Beckman DxI 600/800	6	125.817	7.4	4.75





All Methods Your Method





- Multi Method Statistics section provides an easy way of assessing the performance of the methods used to analyse the parameter.
- 4 Levey-Jennings chart Your SDIs for previous 20 samples.

Quantitative end of cycle report

The end-of- cycle report is sent to all participants at the end of each cycle and provides a complete summary of statistics. Results can also be compared to the previous cycle.

Albumin, g/l

Method: Bromocresol Purple

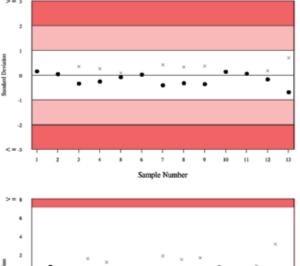
Instrument: Siemens/Dade Dimension RxL/Max/Xpand

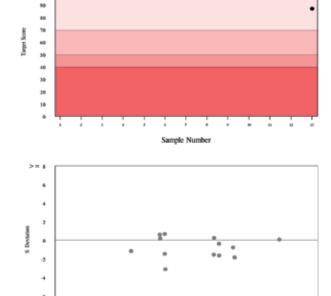
Reagent: Siemens/Dade Behring

RIQAS TDPA: 7.1% Biological Variation: 3.99

Sample	Result	Unit	N	Mean for Comparison	CV%	Um	SDPA	SDI	TS	%Deviation
1	28.200	g/l	68	I 28.013	2.4	0.10	1.26	0.15	120	0.67
2	26.900	g/l	87	I 26.853	2.7	0.10	1.21	0.04	120	0.17
3	39.900	g/l	71	I 40.531	2.5	0.15	1.82	-0.35	118	-1.56
4	19.200	g/l	81	I 19.429	2.5	0.07	0.87	-0.26	120	-1.18
5	41.700	g/l	67	I 41.859	2.0	0.13	1.88	-0.08	120	-0.38
6	57.300	g/l	87	I 57.257	2.7	0.21	2.58	0.02	120	0.08
7	45.000	g/l	72	I 45.850	2.1	0.14	2.06	-0.41	110	-1.85
8	27.600	g/l	87	I 28.013	2.5	0.09	1.26	-0.33	120	-1.47
9	41.200	g/l	70	I 41.891	2.2	0.14	1.88	-0.37	115	-1.65
10	26.900	g/l	83	I 26.742	3.3	0.12	1.20	0.13	120	0.59
11	40.700	g/l	71	I 40.601	2.2	0.14	1.83	0.05	120	0.24
12	45.100	g/l	80	I 45.456	2.2	0.14	2.04	-0.17	120	-0.78
13	27.300	g/l	63	I 28.179	2.0	0.09	1.27	-0.69	87	-3.12

	Cycle 45	Cycle 46
Cycle Average SDI	-0.23	-0.18
Cycle Average TS	110	116
Cycle Average %DEV	-1.05	-0.79
Cycle Average Absolute SDI	0.36	0.24
Cycle Average Absolute %DEV	1.63	1.06





Text Section

Albumin, g/l

Method: Instrument: Bromocresol Purple Siemens/Dade Dimension RxL/Max/Xpand

Reagent:

Siemens/Dade Behring

RIQAS TDPA:

7.1%

Biological Variation:

3.9%

Your assay details at the end of the cycle. The RIQAS TDPA and biological variation for the parameter is shown if available.

























Sample	Result	Unit	N	Mean	SDPA	Um	CV%	SDI	TS	% Deviation
1	28.200	g/l	68	I 28.013	1.26	0.10	2.4	0.15	120	0.7
2	26.900	g/l	87	I 26.853	1.21	0.10	2.7	0.04	120	0.2
3	39.900	g/l	71	M 40.531	1.82	0.15	2.5	-0.36	116	-1.5
4	19.200	g/l	81	I 19.429	0.87	0.07	2.5	-0.27	120	-1.2
5	41.700	g/l	67	I 41.942	1.88	0.13	2.0	-0.09	120	-0.4
6	57.300	g/l	87	I 57.257	2.58	0.21	2.7	0.02	120	0.1
7	45.000	g/l	72	I 45.850	2.06	0.14	2.1	-0.43	108	-1.8
8	27.600	g/l	87	I 28.011	1.26	0.09	2.5	-0.34	118	-1.5
9	41.200	g/l	70	I 41.823	1.88	0.14	2.2	-0.38	113	-1.6
10	26.900	g/l	83	I 26.742	1.20	0.12	3.3	0.14	120	0.6
11	40.700	g/l	71	I 40.601	1.83	0.13	2.2	0.06	120	0.2
12	45.100	g/l	80	I 45.119	2.05	0.14	2.2	-0.18	120	-0.8
13	27.300	g/l	63	I 28.454	1.27	0.09	2.0	-0.72	86	-3.1

Summary of lab's results and statistics are shown, including Mean for Comparison, SDPA, %CV, U_m, SDI, Target Score, % Deviation



Cycle Average SDI Cycle Average TS Cycle Average %DEV

Cycle 45

-0.23-0.18110 116 -1.05 -0.79

Cycle 46



Cycle Average Absolute SDI 0.36 0.24 Cycle Average Absolute %DEV 1.63 1.06

Table containing a summary of the lab's performance for previous cycle and current cycle, including Average Absolute SDIs and % Deviations.

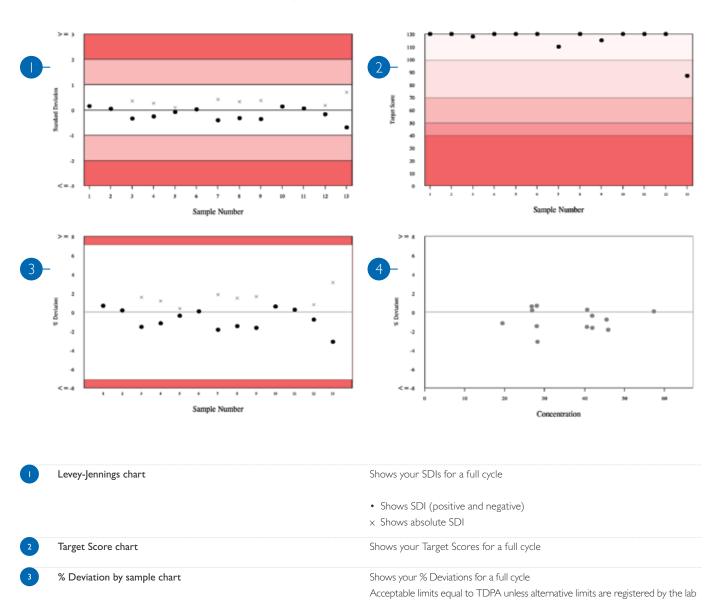
Text Section

	Report presented in your chosen unit	Cycle average of your pe Index, Target Score and	rformance indicators – Standard Deviation % Deviation		
2	Your assay details as of the last sample	Cuda Avanaga SDI –	(Sum of SDIs returned for the completed cycle)		
3	RIQAS TDPA and Biological variation	Cycle Average SDI =	(Number of samples returned in cycle)		
4	Sample number	Cycle Average	(Sum of your Target Scores returned for the completed cycle)		
5	Your Results for each sample	Target Score =	(Number of samples returned in cycle)		
6	Unit your result was returned in		(Sum of your % Deviations		
7	Number of results used for statistical analysis	Cycle Average % Deviation =	returned for the completed cycle) (Number of samples		
8	Mean for Comparison		returned in cycle)		
9	SDPA = Standard Deviation for performance assessment	Absolute values show ho	te values of the lab's SDI and % Deviation. w far a value is from zero regardless of the of the magnitude of accuracy.		
10	Uncertainty of Mean for Comparison	5,8.1	-		
	Coefficient (Value of Value of	Cycle Average	(Sum of your Absolute SDIs returned for the completed cycle)		
	Coefficient of Variation (%)	Absolute SDI =	(Number of samples returned in cycle)		
12	Your Standard Deviation Index		returned in cycle)		
13	Your Target Score	Cycle Average Absolute % Deviation =	(Sum of your Absolute % Deviations returned for the completed cycle) (Number of samples		
14	Your % Deviation		returned in cycle)		

Chart Section

% Deviation by Concentration chart

Lab's results for current cycle shown in various diagrams.

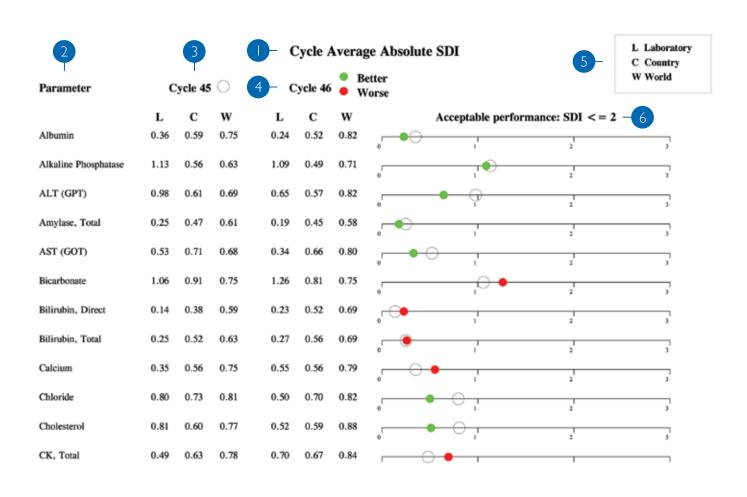


• Shows % deviation (positive and negative)

x Shows absolute % Deviation

Shows your results for a full cycle

Current & previous Cycle Absolute SDIs



Report title - Cycle Average Absolute	e SDI. This shows your performance this cycle compared to the previous cycle.
2 Paramerter list	List of all parameters registered
3 Results for previous cycle	Indicated by open circle on the chart
4 Results for current cycle	Indicated by a closed circle on the chart
5 Legend	Cycle Average Absolute SDIs are shown for:
	L Your results throughout the cycle
	C All labs within your own country
	W All labs Worldwide
6 Graphical representation of Absolute	e SDIs Acceptable performance is ≤ 2.
	If Absolute SDI for current cycle is less than that for the previous cycle, this is
	indicated by a green circle.
	If Absolute SDI for current cycle is greater than that for the previous cycle,

this is indicated by a red circle.

The closer the circle is to zero, the better the performance.

Certificate of Performance

The End of Cycle report will be issued for all registrations. However, the Certificate of Performance will only be available for parameters where results for at least 50% of samples in the cycle have been returned. Labs joining after the beginning of the cycle will only receive the Certificate of Performance if they meet this criteria. Any parameters not included on the Certificate of Acceptable Performance will be listed on the Notification of Unacceptable Performance.



CERTIFICATE OF ACCEPTABLE PERFORMANCE

ΛΛ/Λ

RIQAS Department Randox Laboratories CRUMLIN COUNTY ANTRIM -BT29 4QY UNITED KINGDOM





11/03/2013

This is to certify that the above participant took part in a cycle of external quality assessment and achieved an acceptable level of performance (Cycle Average Absolute SDI $\leq =2$) for the following parameters:

5	Cycle Average Absolute SDI
Albumin - Bromocresol Purple - Siemens/Dade Dimension RxL/Max/Xpand	0.50
Alkaline Phosphatase - Dade Dimension, AMP buffer - Siemens/Dade Dimension RxL/Max/Xpand	1.22
ALT (GPT) - Tris buffer with P5P - Siemens/Dade Dimension RxL/Max/Xpand	0.53
Amylase, Total - Dade Behring 2-chloro-pNPG3 - Siemens/Dade Dimension RxL/Max/Xpand	0.34
AST (GOT) - Tris buffer with P5P - Siemens/Dade Dimension RxL/Max/Xpand	0.55
Bicarbonate - Enzymatic - Siemens/Dade Dimension RxL/Max/Xpand	1.08
Bilirubin, Direct - Diazo with Sulphanilic Acid - Siemens/Dade Dimension RxL/Max/Xpand	0.19
Bilirubin, Total - Diazo with Sulphanilic Acid - Siemens/Dade Dimension RxL/Max/Xpand	0.26
Calcium - Cresolphthalein complexone - Siemens/Dade Dimension RxL/Max/Xpand	0.49
Chloride - ISE, indirect - Siemens/Dade Dimension RxL/Max/Xpand	0.70
Cholesterol - Dimension-Dade Behring reagents - Siemens/Dade Dimension RxL/Max/Xpand	0.54
CK, Total - CK-NAC (IFCC) - Siemens/Dade Dimension RxL/Max/Xpand	0.26
Creatinine - Alkaline picrate no deprot Siemens/Dade Dimension RxL/Max/Xpand	0.44
GGT - Gamma glut'3-carb'4-nitro (IFCC) - Siemens/Dade Dimension RxL/Max/Xpand	0.25
Glucose - Hexokinase - Siemens/Dade Dimension RxL/Max/Xpand	0.70

	Full registration address	Your full registration address details
2	Your lab reference number	Used to identify each lab
3	Programme / cycle number	Programme and current, completed cycle number
4	Date	Date End of Cycle report is issued
5	Parameters	List of parameters broken down for which cycle absolute SDI is ≤ 2
6	Average Absolute SDI	Your Cycle Average Absolute SDI

Each EQA report should be evaluated and any poor performance investigated. A step by step approach should be adopted consisting of the following three steps:



1. Investigate the source of the problem

In order to identify the source of the problem it is useful to be aware of the most common causes of poor EQA performance. Errors can occur at any stage of the testing process however EQA is most concerned with detecting analytical errors i.e. errors that occur during the analysis of the sample.

Most analytical errors can be easily divided into three main areas; clerical errors, systematic errors and random errors. Systematic errors result in inaccurate results that consistently show a positive or negative bias. Random errors on the other hand affect precision and result in fluctuations in either direction.

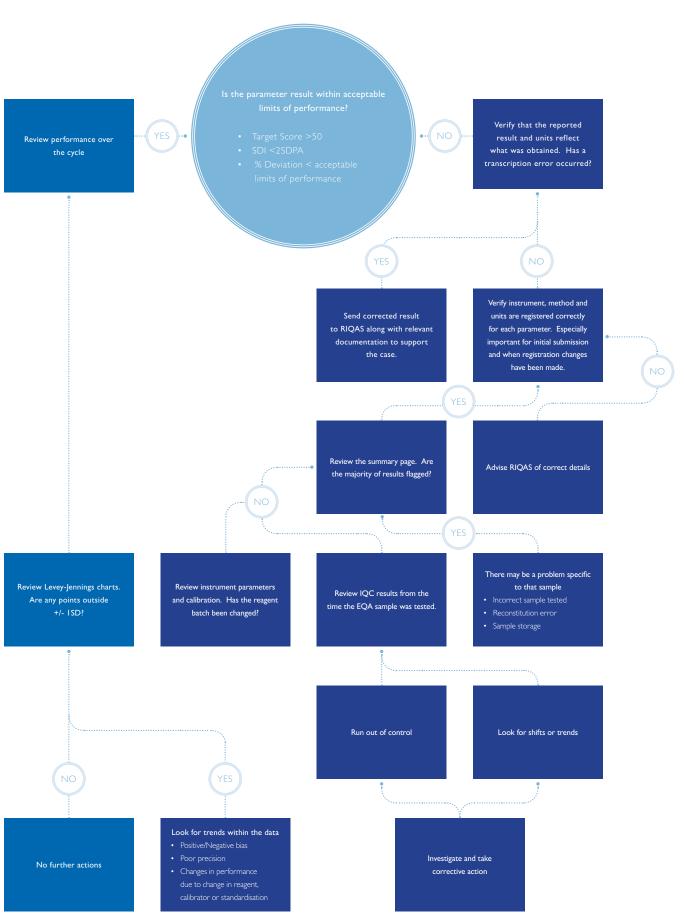
The flowchart (page 31) is designed to help you investigate any apparent poor performance.

It may be possible that, after extensive investigations, the root cause of the poor performance can not be established. Poor performance for a single sample could be attributed to random error. If poor performance has been noted for several samples, a systematic error is the most likely cause and the analytical process should be reviewed.



A checklist similar to the one below is extremely useful when investigating poor EQA performance and may help you to determine the root cause of the problem and initiate corrective actions.

Laboratory:				
Cycle Number: Analysis Date:		Sample Number: Analyte:		
1. Specimen Handling		e. Error due to imprecision; check IQC in terms of %		
a. Samples received in good condition	\bigcirc	deviation compared to deviation observed in EQA	\bigcirc	
b. Samples stored/prepared appropriately	\bigcirc	f. IQC target correctly assigned		
c. Integrity of the sample is acceptable	\bigcirc			
		5. Calibration		
2. Clerical		a. Date of last calibration		
a. Correct result entered	\bigcirc	b. Calibration frequency acceptable	\bigcirc	
b. Correct use of decimal point and units	\bigcirc	c. Last calibration acceptable	(A) (I)	
c. Calculations, if any, performed correctly				
(even if automated)	(A) (I)	6. Instrument		
d. Conversion factors applied to results before submission	(A) (II)	a. Daily maintenance performed on date of sample analysis	$\bigcirc \bigcirc$	
		b. Special maintenance performed prior to sample analysis		
3. Registration and Mean for Comparison		c. Instrument operated correctly		
a. Registered in the correct method/instrument group	(A) (D)	d. Operator fully trained	(A) (A)	
b. Changed method or instrument without advising RIQAS	(A) (M)			
c. Mean for comparison changed due to the number of		7. Reagents		
participants returning results e.g. from method to instrument	(A) (II)	a. Reagents prepared and stored correctly	(Y) (N)	
d. An obvious bias between method and instrument means		b. Reagents within open vial stability	(A) (D)	
(check histogram and stats sections)	(A) (M)			
		8. EQA sample		
4. Internal Quality Control		a. Initial value		
a. % Deviation of IQC (at similar conc to that of EQA) on		b. Re-run value		
sample analysis date acceptable	(A) (II)	c. Issue observed in previous EQA samples at a similar		
b. Shift in IQC in the periods just before and after EQA		concentration (check % deviation by concentration and		
sample analysis		Levey Jennings charts)		
c. Trends in IQC in the periods before and after EQA		d. All parameters affected (to the same extent) - possible		
sample analysis	() ()	reconstitution error (check % deviation on summary pages)		
d. Random IQC variation on sample analysis date	() ()			
Conclusion:		Remedial Action:		
Lah Manager: Date:		Lab Director: Date:		



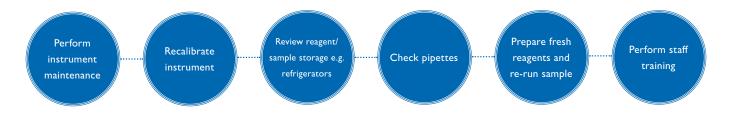


2. Implement corrective actions

A corrective action is an action taken to correct a problem or non conformance. Some errors can be readily recognised as simple clerical errors and easily corrected. If there is evidence of systematic or random error however more detailed corrective actions must be taken.

Systematic Error

In the event of a systematic error the following suggested actions may help to resolve the problem:



Random Error

If all possible causes have been excluded, a single unacceptable result is most likely due to random error. Re-run the sample, if the result of repeat analysis is acceptable then corrective action is not required. If the issue persists, investigate possible sources of systematic error.

3. Check the effectiveness of corrective actions

The effectiveness or impact of any corrective actions taken can be assessed by continuing to monitor analytical performance over time.

RIQAS Programmes

AMMONIA/ETHANOL PROGRAMME+

RQ9164

2 parameters

Samples every month, 1 x 12 month cycle, 12 month subscription

BLOOD GAS PROGRAMME With target scoring

RQ9134 RQ9134/A

First registered instument Subsequent instruments 10 Parameters 10 Parameters Samples every month, 1 x 12 month cycle, 12 month subscription

Lactate

Na+ Ca++ pO2 CI-Glucose

BNP PROGRAMME+

RO9165/a RO9165

I parameter (BNP alone) Order with RQ9136/a when BNP and Liquid Cardiac parameters are required

Samples every month, I \times 12 month cycle, 12 month subscription

CARDIAC PROGRAMME With target scoring

2 Parameters only (choose from 7) Samples every 2 weeks, 2 x 6 monthly cycles, 12 month subscription

CK-MB Mass units Myoglobin Troponin T CK-MB Activity units Homocysteine Troponin I

COAGULATION PROGRAMME With target scoring

RQ9135/b 5 selected Parameters only Full 17 parameters

(aPTT, PT,TT, Fibrinogen, Antithrombin III)
Samples every month, 1 x 12 month cycle, 12 month subscription

Plasminogen Factor VII Factor XII PT (including INR) Protein C Factor VIII D-Dimer*

Protein S Factor IX Fibrinogen Factor II Factor X Antithrombin III FactorV Factor XI

GENERAL CLINICAL CHEMISTRY PROGRAMMES With target scoring

RO9112/S RO9113 10 Parameters only 17 Parameters only Full 50 Parameters

Samples every 2 weeks, 2 x 6 monthly cycles, 12 month subscription, Reference Method Values

Acid phosphatase, prostatic Calcium, ionised HDL-Cholesterol Sodium TIBC Free T3 Acid phosphatase, total Chloride Iron Albumin Cholesterol Lactate* Alkaline phosphatase LD (LDH) Total T3 Cholinesterase³ ALT (ALAT) CK, total (CPK) Free T4 Lipase Amylase, pancreatic Lithium Total T4 Copper Amylase, total Magnesium Creatinine Triglycerides AST (ASAT) D-3-hydroxybutyrate NEFA* TSH Bicarbonate Fructosamine* Osmolality Urea Rile acids Gamma GT Phosphate, inorganic Uric acid GLDH Bilirubin, direct Potassium Zinc Bilirubin, total Protein, total Glucose

GLYCATED HAEMOGLOBIN PROGRAMME (HbAlc) With target scoring

RQ9129

2 Parameters

Samples every month, 1 x 12 month cycle, 12 month subscription

Total Haemoglobin

HAEMATOLOGY PROGRAMME With target scoring

Samples every 2 weeks, 2 x 6 monthly cycles, 12 month subscription

Haematocrit (HCT)

Haemoglobin (Hb)

Mean Cell Haemoglobin (MCH)

Mean Cell Haemoglobin Concentration (MCHC)

Mean Cell Volume (MCV) Mean Platelet Volume* (MPV) Packed Cell Volume* (PCV) Platelets (PLT)

Plateletcrit* (PCT)

Red Blood Cell Count (RBC) Red Cell Distribution Width* (RDW) Total White Blood Cell Count (WBC)

RED = Parameters with Reference Method Values

PURPLE = The only parameters available on RO9135/a

+ = Not accredited

* = Pilot study ongoing

RIQAS Programmes

HUMAN URINE PROGRAMME With target scoring

24 Parameters

Samples every 2 weeks, 2 x 6 monthly cycles, 12 month subscription

Albumin/Microalbumin Amylase Dopamine Calcium Epinephrine Chloride Glucose Metanephrine Copper Cortisol Norepinephrine Normetanephrine Magnesium Osmolality Oxalate Phosphate, inorganic Potassium

Protein, total Sodium Urea Uric acid VMA 5-HIAA

IMMUNOASSAY PROGRAMMES With target scoring

RQ9125/a

RQ9125/b

RQ9125/c

RQ9130

4 Parameters only (choose from 55)

13 Parameters only (choose from 55)

Full 55 Parameters

Full 55 Parameters

Samples every two weeks, 2×6 monthly cycles (RQ9125/a, RQ9125/b, RQ9125/c) , 12 month subscription

Samples every month, 1 x 12 month cycle (RQ9130), 12 month subscription

ACTH* DHEA Unconjugated AFP Digoxin Aldosterone* Estriol Total* Amikacin* Ethosuximide* Androstenedione* Ferritin Beta-2-microglobulin Folate FSH CA125 CA15-3 Gentamicin* CA19-9 GH Carbamazepine hCG CEA ΙgΕ Cortisol Insulin C-peptide* DHEA-S IΗ Oestradiol

17-OH-progesterone Paracetamol Phenobarbital* Phenytoin Primidone* Progesterone Prolactin Free PSA Total PSA PTH Salicylate* SHBG Free T3 Total T3

Free T4 Total T4 Testosterone, free Testosterone, total Theophylline Thyroglobulin Tobramycin* TSH Valproic acid Vancomycin* Vitamin B12

I-25-(OH)2-Vitamin D* 25-OH-Vitamin D*

IMMUNOASSAY SPECIALITY I PROGRAMME+

RO9141

10 parameters

Samples every month, 1 x 12 month cycle, 12 month subscription

Anti-TPO I-25-(OH)₂-Vitamin D IGF-I 25-OH-Vitamin D Osteocalcin C-Peptide Procalcitonin Insulin

IMMUNOASSAY SPECIALITY 2 PROGRAMME+

RO9142

5 parameters

Samples every month, 1 x 12 month cycle, 12 month subscription

Calcitonin Procalcitonin Plasma Renin Activity Renin, direct concentration

LIPID PROGRAMME With target scoring

RQ9126/a

RO9126/b

3 Parameters only (choose from 7) Samples every 2 weeks, 2×6 monthly cycles, 12 month subscription

Full 7 Parameters

Apolipoprotein A I Apolipoprotein B

Cholesterol, total HDL-Cholesterol LDL-Cholesterol Lipoprotein (a)*

Triglycerides

LIQUID CARDIAC PROGRAMME With target scoring

RQ9136 9 Parameters

Samples every month, 1 x 12 month cycle, 12 month subscription

Order with RQ9165/a when BNP and Liquid Cardiac parameters are required

CK-MB Mass Homocysteine D-Dimer hsCRP Myoglobin

NT proBNP Troponin I Troponin T

MATERNAL SCREENING PROGRAMME With target scoring

RQ9137

Samples every month, 1 x 12 month cycle, 12 month subscription

free Beta hCG total hCG

Unconjugated Oestriol

RED = Parameters with Reference Method Values

PURPLE = The only parameters available on RQ9135/a

+ = Not accredited

* = Pilot study ongoing

RIQAS Programmes

SEROLOGY (EBV) PROGRAMME+

RQ9153

2 parameters

3 samples per quarterly distribution, 1 x 12 month cycle, 12 month subscription, Quantitative and Qualitative results

Anti-EBV VCA IgG Anti-EBV VCA IgG Anti-EBV VCA IgM

SEROLOGY (HIV-HEPATITIS) PROGRAMME+

RQ915

10 parameters

5 samples per quarterly distribution, 1 x 12 month cycle, 12 month subscription, Quantitative and Qualitative results

 Anti-HIV-1
 Anti-HBc
 Anti-CMV

 Anti-HIV-2
 Anti-HTLV-I
 HBsAg

Anti-HIV-I & Combined Anti-HTLV-I

Anti-HCV Anti-HTLV-1&2 Combined

SEROLOGY (SYPHILIS) PROGRAMME+

RQ9154

I parameter

3 samples per quarterly distribution, 1 x 12 month cycle, 12 month subscription, Quantitative and Qualitative results

Syphilis (Methods available include immunoassay RPR, VDRL and TPHA)

SEROLOGY (ToRCH) PROGRAMME+

RQ9152

12 parameters

5 samples per quarterly distribution, 1×12 month cycle, 12 month subscription, Quantitative and Qualitative results

Anti-Toxoplasma IgG Anti-CMV IgM Anti-HSV 2 IgM
Anti-Toxoplasma IgM Anti-HSV I IgG Anti-HSV I + 2 IgM Combined

Anti-Toxoplasma lgM Anti-HSV1 lgG Anti-Rubella lgG Anti-HSV2 lgG

Anti-Rubella IgM Anti-HSV-1 & 2 IgG Combined

Anti-CMV IgG Anti-HSV 1 IgM

SPECIFIC PROTEINS PROGRAMME With target scoring

RQ9114 (3ml) RQ9160 (2ml) RQ9161 (1ml)

26 parameters, Samples every 2 weeks, 2 x 6 monthly cycles, 12 month subscription

AFP Beta-2-microglobulin Immunoglobulin A Total Lambda Light Chain Albumin Ceruloplasmin Immunoglobulin E Prealbumin (Transthyretin) Alpha-I-acid glycoprotein Complement, C3 Immunoglobulin G Retinol Binding Protein Alpha-I-antitrypsin Complement, C4 Immunoglobulin M Rheumatoid Factor

Alpha-2-macroglobulin C-Reactive Protein Free Kappa Light Chain
Anti Streptolysin O Ferritin Total Kappa Light Chain
Antithrombin III Haptoglobin Free Lambda Light Chain

THERAPEUTIC DRUGS PROGRAMME With target scoring

RQ9111

18 parameters

Samples every 2 weeks, 2 \times 6 monthly cycles, 12 month subscription, Weighed-in values

AmikacinEthosuximidePhenobarbitalTobramycinCaffeineGentamicinPhenytoinValproic acidCarbamazepineLithiumPrimidoneVancomycin

Cyclosporine Methotrexate Salicylic acid
Digoxin Paracetamol (Acetaminophen) Theophylline

URINALYSIS PROGRAMME+

RQ9138

14 Parameters

Samples every 2 months, 1×12 month cycle, 12 month subscription

 Albumin
 Galactose
 Leukocytes
 Specific Gravity

 Bilirubin
 Glucose
 Nitrite
 Urobilinogen

 Blood
 hCG
 pH

 Blood
 hCG
 pH

 Creatinine
 Ketones
 Protein

URINETOXICOLOGY PROGRAMME+

RQ9139

20 Parameters

Samples every month, 1 x 12 month cycle, 12 month subscription

Benzoylecgonine d-Methamphetamine MDMA Phenobarbital Buprenorphine EDDP Methadone Secobarbitol

Cannabinoids (THC) Ethanol Nortriptyline
Cotinine* Free Morphine Norpropoxyphene
Creatinine Lorazepam Oxazepam
d-Amphetamine LSD Phencyclidine

RED = Parameters with Reference Method Values

PURPLE = The only parameters available on RQ9135/a

+ = Not accredited

Transferrin

* = Pilot study ongoing



International Headquarters

Randox Laboratories Limited, 55 Diamond Road, Crumlin, County Antrim, United Kingdom, BT29 4QY T +44 (0) 28 9442 2413 F +44 (0) 28 9445 2912 E marketing@randox.com I www.randox.com



Australia Randox (Australia) Pty Ltd. Tel: +61 (0) 2 9615 4640



Brazil Randox Brasil Ltda. Tel: +55 | | 5|8|-2024



Randox Laboratories Ltd. Tel: +86 021 6288 6240



Czech Republic Randox Laboratories S.R.O. Tel: +420 2 1115 1661



Laboratoires Randox Tel: +33 (0) 130 18 96 80



Randox Laboratories GmbH Tel: +49 (0) 2151/93 706-11



Hong Kong Randox Laboratories Hong Kong Limited Tel: +852 3595 0515



Randox Laboratories Ltd. Tel: +39 06 9896 8954



Randox Laboratories India Pvt Ltd. Tel: +91 22 6714 0600



Randox Laboratories Polska Sp. z o.o. Tel: +48 22 862 1080



Portugal Irlandox Laboratorios Quimica Analitica Ltda Tel: +35 | 22 589 8320



Puerto Rico Clinical Diagnostics of Puerto Rico, LLC Tel: +1 787 701 7000



Republic of Ireland Randox Teoranta Tel: +353 7495 22600



Slovakia Randox S.R.O. Tel: +421 2 6381 3324



South Africa Randox Laboratories SA (Pty) Ltd. Tel: +27 (0) 11 312 3590



South Korea Randox Korea Tel: +82 (0) 31 478 3121



Spain Laboratorios Randox S.L. Tel: +34 93 475 09 64



Switzerland Randox Laboratories Ltd. (Switzerland) Tel: +41 41 810 48 89



USA Randox Laboratories-US, Ltd. Tel: +1 304 728 2890



Vietnam Randox Laboratories Ltd. Vietnam Tel: +84-8-39 | 1 | 09 | 04















