



Enrollment Form

External Quality Assurance Scheme
RML QUALITY ASSURANCE PROGRAM
B- 171, NIRALA NAGAR LUCKNOW-226 020 U.P. INDIA
QUALITY ASSURANCE PROGRAM (QAP) Cycle 14 - 2025



Welcome to the RML QAP Program 2025.

RML QAP Program is one of the oldest, largest, most cost effective, Accredited Clinical Laboratory QAP Program of India, running since past 14 years. Its goal is to provide top quality assurance program that would help in raising the quality standards of the participating labs in a most cost effective manner.

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

The team of RML QAP offers India's first NABL ISO/IEC 17043:2010 accredited SARS CoV-2 QAP . For Anti-natal screening, Breast IHC module, Histo-chemistry(Special Stains), Protein electrophoresis, Mycology QAP Programme, Routine IHC Module, Digital Hematology Programme, Molecular PCR Programme, ANA Profile, Extended Thyroid Programme and Hemoglobin electrophoresis, we have successfully completed the pilot program and now awaiting for accreditation.

The new cycle of Quality Assurance Program [QAP] shall begin in January 2025. Registration is open for National and International Participants. We offer QAP in following disciplines:-

- | | | |
|-------------------------|-----------------------|-------------------------------|
| • Basic Biochemistry | • Hematology | • Protein Electrophoresis |
| • Extended Biochemistry | • Histopathology | • Histo Special Stains |
| • Basic Serology | • Cytopathology | • Hemoglobin Variant Analysis |
| • Extended Serology | • Clinical pathology | • Molecular PCR Programs |
| • Microbiology | • Molecular Pathology | • IHC- Breast Module |
| • Immunology | • HbA1c | • Maternal Screening Markers |
| • Extended Immunology | • ANA - IFA | • Flow Cytometry-(CD4 & CD8) |

Introducing NEW QAP PROGRAMMES For year 2025*

EXTENDED IMMUNOLOGY PROGRAMME	<ul style="list-style-type: none"> • 25-Hydroxy Vitamin D • T3 • T4 • TSH • FT3 • FT4 • Anti-TG • Anti-TPO 	<ul style="list-style-type: none"> • Cortisol • ACTH • LH • FSH • PRL • Progesterone • Estradiol 	<ul style="list-style-type: none"> • hCG • Testosterone • DHEA Sulfate • Ferritin • Iron • TIBC 	<ul style="list-style-type: none"> • Vitamin B12 • Serum Folate • Immunoglobulin IgG • IgA • IgM • IgE
TUMOR MARKER PROGRAM	<ul style="list-style-type: none"> • CA125 • HE4 • CEA • PSA • Free-PSA 	<ul style="list-style-type: none"> • AFP • hCG • CA-15-3 • CA-19-9 • B-2-Microglobulin 		
COAGULATION PROGRAM	<ul style="list-style-type: none"> • PT • INR • APTT 	<ul style="list-style-type: none"> • TT • Fibrinogen 		
PROSTATE IHC MODULE	<ul style="list-style-type: none"> • p63 • CK5/6 	<ul style="list-style-type: none"> • AMACR 		
MOLECULAR RESPIRATORY RNA FLU PANEL	<ul style="list-style-type: none"> • Influenza A • Influenza B • H1N1 	<ul style="list-style-type: none"> • H3N2 • RSV 		
FLOW CYTOMETRY- (CD4 & CD8)	<ul style="list-style-type: none"> • CD-4 	<ul style="list-style-type: none"> • CD-8 		

In the year 2025, we are introducing few New QAP Programs in additions to the various fields of Clinical Labs. These new QAP programs are introduced keeping in view the challenges faced by the Clinical Laboratory.

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

PT Coordinators

Dr. Supriya Mehrotra/ Mr. Jaimit Singh/ Ms. Nandini Tiwari

RML QUALITY ASSURANCE PROGRAM

LUCKNOW

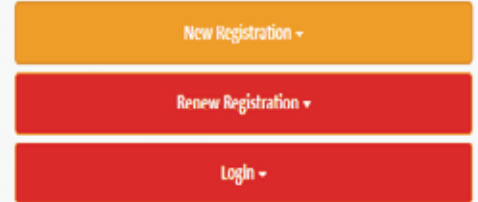
ENROLLMENT FORM

We kindly request you to ensure the completion of the enrollment process prior to the 31th of December 2024.

(A) For NEW PARTICIPANTS

Please follow the steps below for registration:

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

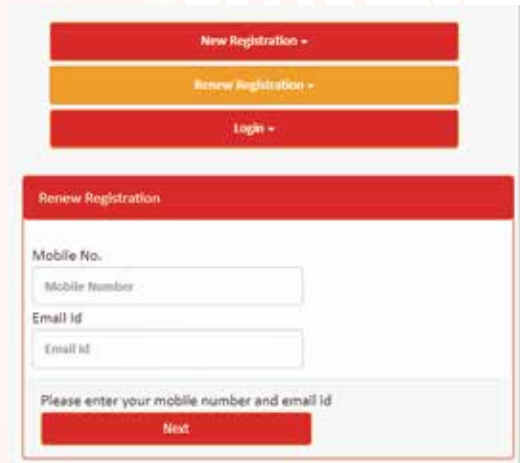


- Provide the mobile number and email ID of the primary contact person representing your organization.
- Click "Next" to proceed to the next step.
- Fill out the entire registration form with the required details.
- Select the plan that you wish to enroll in.
- Make the online payment click Pay Now.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

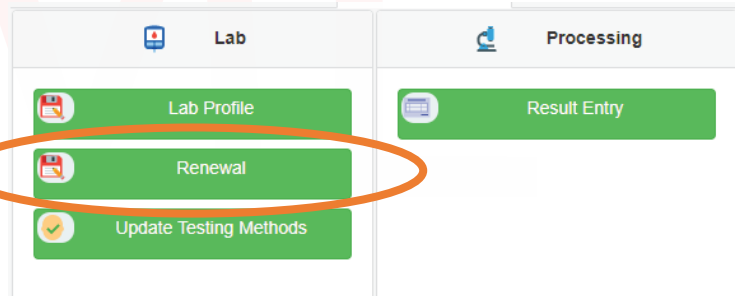
(B) For EXISTING PARTICIPANTS

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

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

A screenshot of a web form titled 'Renew Registration'. At the top, there are three buttons: 'New Registration', 'Renew Registration', and 'Login'. Below these is the form itself, which has a red header. It contains two input fields: 'Mobile No.' and 'Email id'. Below the input fields is a red button labeled 'Next'. A message at the bottom of the form says 'Please enter your mobile number and email id'.

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



- Select the plan that you wish to enroll in.

(C) PAYMENT

- Kindly pay online through **NEFT**.
- Sent the copy of your enrollment form and payment receipt at qap@rmlqap.com

GENERAL INSTRUCTIONS

1. Each cycle will start from January and end in December. The participants are allowed to register anytime during the cycle by paying FULL REGISTRATION FEE which will be valid till end of that cycle.
2. The certificate of participation will be issued after the completion of the cycle at the end of the year.
3. The certificate WILL NOT BE issued in individual's name, but only on the name of organization/laboratory.
4. Please check the status of sample as soon as you receive and inform us within 5 days. After 5 days there will be no replacement of any broken slide or vial.
5. The participants are requested to update the results before the last date of submission.
6. The participants are requested to clearly mention LAB CODE in all your correspondence.
7. Please do not share or discuss the results with other participants before uploading the results.
8. Dispatch of samples, result submission date and result dispatch date for each round for each field will be done as per the year calendar plan for 2025, which will be shared with you after enrollment and registration.
9. The delay of dispatch of samples/results due to unavoidable situation beyond our control will be informed by email provided by participants.
10. Sample dispatch tracking details will be shared to participants once cycle starts and you are advised to follow that. Tracking of sample is the responsibility of participants, Lab is no longer responsible for that.
11. If any participant wants to withdraw from the program, then it should be informed in writing and the hard copy should be sent by post. Only email will not be considered as cancellation request. No refund will be given if any participant want to withdraw in mid of the cycle.

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

RML QAP ENROLLMENT DETAILS

Cycle-14 Year-2025

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

*Please Fill the Form in Capital Letters

REGISTRATION

New Registration: Yes No

Renewal Registration: Yes No

• If Yes-RML QAP Lab Code

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

Laboratory Details

Name of Laboratory :

Organization : (i) Government

(ii) Private

ISO 15189 : (i) Accredited

(ii) Applied for

(iii) Non-Accredited

NABL : (i) Accredited

(ii) Applied for

(iii) Non-Accredited

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

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

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

Address of Laboratory

Name of Director/ Owner :

Address :

City : State: PinCode:

Phone Number : Mobile Number :

Email Address :

Name of Pathologist

Name of Microbiologist

Name :

Name :

Phone No. :

Phone No. :

E-Mail :

E-Mail :

Name of Contact Person

Name :

Phone No. :

E-Mail :

**Please Provide only 1 email/ Phone Number for further Communication.*

QAP Program CODE	QAP Program	Parameters	Registration Fee+Program Charges.* [GST Extra (18%)]	Round	Please Select
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CLINICAL BIOCHEMISTRY

BIO-01	Basic Clinical Biochemistry	<ul style="list-style-type: none"> Total Protein Albumin Total Bilirubin SGOT SGPT Alkaline Phosphatase Urea Creatinine 	<ul style="list-style-type: none"> Sodium Potassium Total Calcium Uric Acid Total Cholesterol HDL Triglyceride Glucose 	6300	12	<input type="checkbox"/>
BIO-02	Extended Clinical Biochemistry	<ul style="list-style-type: none"> Total Protein Albumin Total Bilirubin SGOT SGPT Alkaline Phosphatase Urea Creatinine Sodium Potassium Total Calcium 	<ul style="list-style-type: none"> Uric Acid Total Cholesterol HDL Triglyceride Glucose Chloride Phosphorus Magnesium Iron Amylase CK 	7600	12	<input type="checkbox"/>
BIO-03	Glycosylated Hemoglobin (HbA1c)	<ul style="list-style-type: none"> HbA1C 		4900	4	<input type="checkbox"/>
BIO-04	Protein Electrophoresis	<ul style="list-style-type: none"> Protein Electrophoresis 		7800	4	<input type="checkbox"/>
BIO-05	Extendend Thyroid Programme	<ul style="list-style-type: none"> TSH T4 T3 FT4 	<ul style="list-style-type: none"> FT3 Anti-TPO Anti-TG 	4500	12	<input type="checkbox"/>
BIO-06	Maternal Screen (Anti-natal test)	<ul style="list-style-type: none"> Total HCG Free B-HCG AFP 	<ul style="list-style-type: none"> PAPP-A E-3 INHIBIN-A 	6600	2	<input type="checkbox"/>

CLINICAL IMMUNOLOGY

IMMUNO-01	Basic Clinical Immunology	<ul style="list-style-type: none"> TSH T4 T3 	<ul style="list-style-type: none"> FSH LH Prolactin 	3600	12	<input type="checkbox"/>
IMMUNO-02*	Extended Immunology Program	<ul style="list-style-type: none"> 25-Hydroxy Vitamin D Anti-TG Anti-TPO FT3 FT4 T3 T4 TSH Cortisol ACTH LH FSH Prolactin 	<ul style="list-style-type: none"> Progesterone Estradiol Testosterone hCG DHEA Sulfate Ferritin Iron TIBC Vitamin B12 Serum Folate Immunoglobulin IgG Immunoglobulin IgA Immunoglobulin IgM Immunoglobulin IgE 	16000	4	<input type="checkbox"/>



Charges Applicable for National Participants only. For International Participants Kindly Contact at qao@rmlqap.com
 * New QAP Programs year 2025 (Pilot Programs)
 Doc. No.: QAP/FR/01/R03Dt.; 16.11.2024

QAP Program CODE	QAP Program	Parameters	Registration Fee+Program Charges.* [GST Extra (18%)]	Round	Please Select
IMMUNO-03*	Tumor Marker Program	<ul style="list-style-type: none"> CA125 HE4 CEA PSA Free-PSA AFP hCG CA-15-3 CA 19-9 B-2-Microglobulin 	13500	2	<input type="checkbox"/>
<div style="text-align: center;">SEROLOGY</div>					
SERO-01	Basic Serology	<ul style="list-style-type: none"> C-Reactive Protein HBsAg Anti HCV RPR Rheumatoid Factor IgM/IgG ASO Titre Typhoid IgM Typhoid IgG Dengue IgM Dengue IgG Dengue NS1* HIV 	4400	6	<input type="checkbox"/>
SERO-02	Extended Serology	<ul style="list-style-type: none"> TORCH-IgM TO-Toxoplasmosis IgM R - Rubella IgM C - Cytomegalovirus IgM H - Herpes Simplex IgM TORCH- IgG TO-Toxoplasmosis IgG R - Rubella IgG C - Cytomegalovirus IgG H - Herpes Simplex IgG Anti-HBC IgM Anti-HBC Total Anti-HBe HEV IgM HAV IgM Brucella-IgG Brucella-IgM Leptospira - IgM 	4400	2	<input type="checkbox"/>
<div style="text-align: center;">CLINICAL HEMATOLOGY</div>					
HEMAT-01	Hematology	<ul style="list-style-type: none"> Haemoglobin WBC RBC Hematocrit DLC (Digital Hematology Program) MCV MCH MCHC Platelet Count 	6800	6	<input type="checkbox"/>
HEMAT-02	Digital Hematology (DLC)	<ul style="list-style-type: none"> Blood Cell Morphology Program 	2600	6	<input type="checkbox"/>
HEMAT-03	Hemoglobin Electrophoresis	<ul style="list-style-type: none"> Hemoglobin variants 	7400	4	<input type="checkbox"/>
HEMAT-04*	Coagulation Program	<ul style="list-style-type: none"> PT INR APTT TT Fibrinogen 	13500	4	<input type="checkbox"/>
<div style="text-align: center;">MICROBIOLOGY</div>					
MICRO-01	Microbiology	<ul style="list-style-type: none"> Part A- Unstained fixed smears Part B-Culture vials. 	5500	6	<input type="checkbox"/>
MICRO-02	Mycology	<ul style="list-style-type: none"> Yeast like and Filamentous fungi 	5500	6	<input type="checkbox"/>
<div style="text-align: center;">CLINICAL PATHOLOGY</div>					
Urine-R	Urine Routine Analysis	<ul style="list-style-type: none"> Specific Gravity pH Leukocyte Nitrite Urinary Protein total Glucose Ketone Bodies Urobilinogen Bilirubin Total Blood (Haemoglobin) 	5800	12	<input type="checkbox"/>



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* New QAP Programs year 2025 (Pilot Programs)

QAP Program CODE	QAP Program	Parameters	Registration Fee+Program Charges.* [GST Extra (18%)]	Round	Please Select
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ANTINUCLEAR ANTIBODIES (ANA-IFA)

ANA-IFA	Antinuclear Antibodies (ANA-IFA)	<ul style="list-style-type: none"> ANA 	4900	4	<input type="checkbox"/>
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ANA PROFILE (LINE IMMUNO ASSAY)

ANA Profile	ANA Profile (Line Blot)	<ul style="list-style-type: none"> dsDNA Nucleosome Histone SmD1 PCNA PO (RPP) SS-A/Ro60 SS-A/Ro52 SS-B/La CENP-B Sc170 U1-snRNP Jo-1 Pm-Sc1 Mi-2 Ku DFS70 	5800	2	<input type="checkbox"/>
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HISTOPATHOLOGY

HISTO-01	Histopathology	<ul style="list-style-type: none"> Part A (Pre-analytical) Part B Analytical (Virtual slides) 	6800	6	<input type="checkbox"/>
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HISTO-02 Special Stain	Histopathology-Histochemistry	<ul style="list-style-type: none"> Verhoeff-van Gieson's (VG) Masson's Trichrome (MT) Stain Periodic Acid-Schif (PAS) Reticulin 	4800	2	<input type="checkbox"/>
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HISTO-IHC

HISTO IHC-00	Breast IHC Module	<ul style="list-style-type: none"> ER-a PR HER2/neu 	5800	2	<input type="checkbox"/>
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Routine IHC Module

Histo IHC-01	<ul style="list-style-type: none"> Pan Cytokeratin (PCK) 	1700	2	<input type="checkbox"/>
Histo IHC-02	<ul style="list-style-type: none"> CK-7 	1700	2	<input type="checkbox"/>
Histo IHC-03	<ul style="list-style-type: none"> CK-20 	1700	2	<input type="checkbox"/>
Histo IHC-04	<ul style="list-style-type: none"> CK-5/6 	1700	2	<input type="checkbox"/>
Histo IHC-05	<ul style="list-style-type: none"> P-63 	1700	2	<input type="checkbox"/>
Histo IHC-06	<ul style="list-style-type: none"> Vimentin 	1700	2	<input type="checkbox"/>
Histo IHC-07	<ul style="list-style-type: none"> Desmin 	1700	2	<input type="checkbox"/>
Histo IHC-08	<ul style="list-style-type: none"> GATA 3 	1700	2	<input type="checkbox"/>
Histo IHC-09	<ul style="list-style-type: none"> S-100 	1700	2	<input type="checkbox"/>
Histo IHC-10	<ul style="list-style-type: none"> CD-45 (LCA) 	1700	2	<input type="checkbox"/>
Histo IHC-11	<ul style="list-style-type: none"> CD-3 	1700	2	<input type="checkbox"/>
Histo IHC-12	<ul style="list-style-type: none"> CD-20 	1700	2	<input type="checkbox"/>
Histo IHC-13	<ul style="list-style-type: none"> CD-68 	1700	2	<input type="checkbox"/>
Histo IHC-14	<ul style="list-style-type: none"> CD-34 	1700	2	<input type="checkbox"/>
Histo IHC-15	<ul style="list-style-type: none"> BCL 2 	1700	2	<input type="checkbox"/>
Histo IHC-16	<ul style="list-style-type: none"> BCL 6 	1700	2	<input type="checkbox"/>
Histo IHC-17	<ul style="list-style-type: none"> Napsin - A 	1700	2	<input type="checkbox"/>
Histo IHC-18	<ul style="list-style-type: none"> Chromogenin A 	1700	2	<input type="checkbox"/>
Histo IHC-19	<ul style="list-style-type: none"> Synaptophysin 	1700	2	<input type="checkbox"/>
Histo IHC-20	<ul style="list-style-type: none"> PAX 5 	1700	2	<input type="checkbox"/>
Histo IHC-21	<ul style="list-style-type: none"> CEA 	1700	2	<input type="checkbox"/>
Histo IHC-22*	<ul style="list-style-type: none"> Ki67 	1700	2	<input type="checkbox"/>

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* New QAP Programs year 2025 (Pilot Programs)

QAP Program CODE	QAP Program	Parameters	Registration Fee+Program Charges.* [GST Extra (18%)]	Round	Please Select
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Histo IHC-23* Prostate IHC Module

- p63
- CK5/6
- AMACR

5800

2



CYTOPATHOLOGY PROGRAM

CYTO Cytopathology

- Virtual Slides

5800

6

MOLECULAR PCR PROGRAM

MOL PCR-00 SARS-CoV-2
 MOL PCR-01 HBV DNA Quantitative
 MOL PCR-02 HCV RNA Quantitative
 MOL PCR-03 Dengue-RNA
 MOL PCR-04 Chikungunya-RNA
 MOL PCR-05 HPV-DNA
 MOL-PCR-06 MTB-DNA
 MOL PCR-07 NTM-DNA
 MOL PCR-08 HLA-B27 DNA
 MOL PCR-09 PCR Malaria
 MOL PCR-10* Respiratory RNA Flu Panel

- SARS-CoV-2
- HBV DNA Quantitative
- HCV RNA Quantitative
- Dengue-RNA
- Chikungunya-RNA
- HPV-DNA
- MTB-DNA
- NTM-DNA
- HLA-B27 DNA
- PCR Malaria
- Influenza A, Influenza B, H1N1,H3N2, RSV

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FLOW CYTOMETRY PROGRAM

FLOW-01* Flow cytometry-(CD4 & CD8)

- CD-4
- CD-8

16000

2



QAP Program CODE	QAP Program	Parameters	Registration Fee+Program Charges.* [GST Extra (18%)]	Round	Please Select
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New QAP Programs Year 2025*

IMMUNO-02*	Extended Immunology Program	<ul style="list-style-type: none"> • 25-Hydroxy Vitamin D • Anti-TG • Anti-TPO • FT3 • FT4 • T3 • T4 • TSH • Cortisol • ACTH • LH • FSH • PROLACTIN • Progesterone • Estradiol • Testosterone • hCG • DHEA Sulfate • Ferritin • Iron • TIBC • Vitamin B12 • Serum Folate • Immunoglobulin IgG • IgA • IgM • IgE 	16000	4	<input type="checkbox"/>
IMMUNO-03*	Tumor Marker Program	<ul style="list-style-type: none"> • CA125 • HE4 • CEA • PSA • Free-PSA • AFP • hCG • CA-15-3 • CA 19-9 • B-2-Microglobulin 	13500	2	<input type="checkbox"/>
HEMAT-04*	Coagulation Program	<ul style="list-style-type: none"> • PT • INR • APTT • TT • Fibrinogen 	13500	4	<input type="checkbox"/>
HISTO IHC-23*	Prostate IHC Module	<ul style="list-style-type: none"> • p63 • CK5/6 • AMACR 	5800	2	<input type="checkbox"/>
MOL PCR-10*	Molecular Respiratory RNA Flu Panel	<ul style="list-style-type: none"> • Influenza A • Influenza B • H1N1 • H3N2 • RSV 	9500	2	<input type="checkbox"/>
FLOW-01*	Flow cytometry (CD4 & CD8)	<ul style="list-style-type: none"> • CD-4 • CD-8 	16000	2	<input type="checkbox"/>

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* New QAP Programs year 2025 (Pilot Programs)

Bank Account Details for NEFT

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

Participant Transaction No. _____

Participant GST No. _____

Transaction Amount _____ Transaction Date _____

Bank Name & Branch _____

Correspondance Address

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

Declaration

I/We _____ for _____ (Name of Lab)

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

Date _____

Stamped & Signed by
Authorized Signatory

INDIA
RML Quality Assurance Program (RML-QAP)

Legend:
● National Presence
● International Presence

Logos:
Quality Assurance Program RML
2 DECADES OF SERVICE EXCELLENCE

World Map Labels: Qatar, Nepal

Registration open for both National & International Labs

Contact Us: 0522-4034100, +91-7518077222 Email: qap@rmlqap.com

