



Enrollment Form

External Quality Assurance Scheme
RML QUALITY ASSURANCE PROGRAM
B- 171, NIRALA NAGAR LUCKNOW-226020 U.P. INDIA
QUALITY ASSURANCE PROGRAM (QAP) Cycle 15 - 2026



Welcome to the RML QAP Program 2026.

RML QAP Program is one of the oldest, largest, most cost effective, Accredited Clinical Laboratory QAP Program of India, running since past 15 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 accredited SARS CoV-2 QAP . For **Extended Immunology Program, Routine IHC Module, Tumor Marker, Coagulation Program, Prostate IHC Module, Molecular Respiratory RNA Flu Panel, Flow Cytometry- (CD4 & CD 8), Protein Electrophoresis, Extended Thyroid Programme, Maternal Screen (Anti-natal test)** , We have successfully completed the pilot program and now awaiting for accreditation.

The new cycle of Quality Assurance Program [QAP] shall begin in January 2026. Registration is open for National and International Participants. We offer QAP in following disciplines:-

- Basic Biochemistry
- Extend Biochemistry
- Glycosylated Hemoglobin
- Protein Electrophoresis
- Extended Thyroid
- Maternal Screen
- Basic Immunology
- Extended Immunology
- Tumor Marker Program
- Basic Serology
- Extended Serology
- Viral Marker Panel
- Fungal Serology
- Coeliac Serology
- Hematology
- Digital Hematology (DLC)
- Hemoglobin Electrophoresis
- Coagulation Program
- ABO-Rh Program
- Direct-Coombs
- Microbiology
- Mycology
- Urine Routine Analysis (Manual & Semi Automated)
- Urine Routine Analysis (Automated)
- Antinuclear Antibodies (ANA-IFA)
- Anti Mitochondrial Antibody
- Anti Smooth Muscle Antibody
- Anti Gastric Parietalcell Antibody
- Anti Endomysium Antibody
- ANA Profile (Line Blot)
- Histopathology (HISTO-01 & 02)
- Digital Histopathology
- IHC (Breast/Prostate/ Routine Module)
- Cytopathology
- MOL PCR (00-11)
- Flow Cytometry-(CD4 & CD8)

Introducing NEW QAP PROGRAMMES For year 2026*

Viral Marker Panel

- HIV Antibody
- HBsAg
- Anti HCV

Fungal Serology

- Cryptococcus Antigen
- Galactomannan Antigen
- Aspergillus Fumigatus IgE
- Aspergillus Fumigatus IgM
- Aspergillus Fumigatus IgG

Coeliac Serology

- Anti-tTG IgA
- Anti-tTG IgG

Digital Histopathology

- Analytical (Virtual slides)

Urine Routine Analysis (Automated)

- Specific Gravity
- pH
- Leukocyte
- Nitrite
- Urinary Protein total
- Glucose
- Ketone Bodies
- Urobilinogen
- Bilirubin Total
- Blood (Haemoglobin)

BCR ABL Quantitative

- BCR ABL

IFA-Anti Mitochondrial Antibody (IFA)

- AMA

IFA-Anti Smooth Muscle Antibody (IFA)

- ASMA

IFA-Anti Gastric Parietalcell Antibody (IFA)

- AGPCA

IFA-Anti Endomysium Antibody (IFA)

- AEA

ABO-Rh Program

- A,B,O & Rh Typing Blood Group

Direct-Coombs

- Direct-Coombs Test

In the year 2026, we are introducing few New QAP Programs in addition 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 Coordinator
Dr. Supriya Mehrotra
RML QUALITY ASSURANCE PROGRAM
LUCKNOW

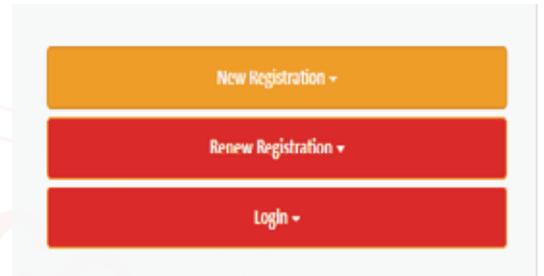
ENROLLMENT FORM

We kindly request you to ensure the completion of the enrollment process prior to the 31th of December 2025.

(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.

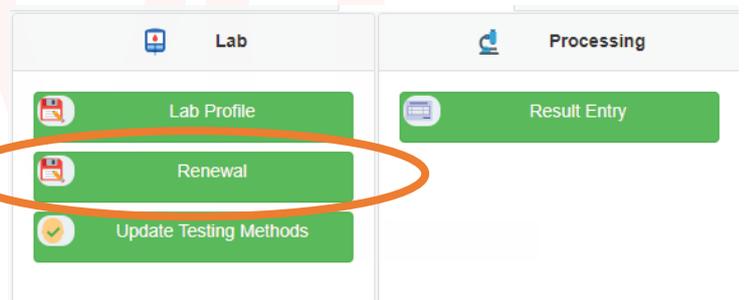
(B) For EXISTING PARTICIPANTS

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

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



- 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) SUBMISSION AND PAYMENT

- Select the plan you wish to enroll in.
- Enter your PAN number and GST number (if GST is not available, select "No").
- Click on Submit and Pay.
- You will be redirected to the bank payment gateway to select and complete your preferred payment method.

Submit & Pay

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 until you get the assessment report.
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 2026, 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.**
12. Please verify all details carefully before submitting the registration request.
13. Kindly read the instructions thoroughly prior to registration.
14. Once the registration is completed, requests for any changes in the QAP program will not be entertained.
15. Please fill out the questionnaire with accurate details of the instrument and methodology being used. Once submitted, the information cannot be modified during the ongoing cycle.
16. Kindly ensure that the questionnaire and enrollment form are duly filled and submitted. Incomplete submissions or registrations received without the required questionnaire shall not be processed.

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-15 Year-2026

Please Fill, Sign and Stamp the form (Every detail 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 code

Laboratory Details

Name of Laboratory :

GST No.: PAN No.:

Organization : (i) Government

(ii) Private

ISO 15189 : (i) Accredited

(ii) Applied for

(iii) Non-Accrediated

NABL : (i) Accredited

(ii) Applied for

(iii) Non-Accreditated

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

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

(iii) Large (more than 400 Patients 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 	7400	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 	8600	12	<input type="checkbox"/>
BIO-03	Glycosylated Hemoglobin (HbA1c)	<ul style="list-style-type: none"> HbA1C 		9900	12	<input type="checkbox"/>
BIO-04	Protein Electrophoresis	<ul style="list-style-type: none"> Protein Electrophoresis 		8600	4	<input type="checkbox"/>
BIO-05	Extended Thyroid Programme	<ul style="list-style-type: none"> TSH T4 T3 FT4 	<ul style="list-style-type: none"> FT3 Anti-TPO Anti-TG 	5800	12	<input type="checkbox"/>
BIO-06	Maternal Screen (Anti-natal test)	<ul style="list-style-type: none"> Total HCG Free β-HCG AFP 	<ul style="list-style-type: none"> PAPP-A E-3 INHIBIN-A 	8000	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 	16900	6	<input type="checkbox"/>

Charges Applicable for National Participants only. For International Participants Kindly Contact at qap@rmlqap.com
 * New QAP Programs year 2026 (Pilot Programs)
 Doc. No.: QAP/FR/01/R05/Dt.; 10.11.2025

QAP Program CODE	QAP Program	Parameters	Registration Fee+Program Charges.* [GST Extra (18%)]	Round	Please Select
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IMMUNO-03	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 	14200	2	<input type="checkbox"/>
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SEROLOGY

SERO-01	Basic Serology	<ul style="list-style-type: none"> C-Reactive Protein HBsAg Anti HCV RPR Rheumatoid Factor IgM/IgG 	<ul style="list-style-type: none"> ASO Titer Typhoid IgM Typhoid IgG Dengue IgM Dengue IgG Dengue NS1* HIV 	4900	6	<input type="checkbox"/>
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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 	<ul style="list-style-type: none"> Anti-HBC IgM Anti-HBC Total Anti-HBe HEV IgM HAV IgM Brucella-IgG Brucella-IgM Leptospira - IgM 	4900	2	<input type="checkbox"/>
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 *SERO-03	Viral Marker Panel Test	<ul style="list-style-type: none"> HIV Antibody HBsAg Anti HCV 		4400	4	<input type="checkbox"/>
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 *SERO-04	Fungal Serology	<ul style="list-style-type: none"> Cryptococcus Antigen Galactomannan Antigen Aspergillus Fumigatus IgE Aspergillus Fumigatus IgM Aspergillus Fumigatus IgG 		6800	2	<input type="checkbox"/>
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 *SERO-05	Coeliac Serology	<ul style="list-style-type: none"> Anti-tTG IgA Anti-tTG IgG 		4400	2	<input type="checkbox"/>
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CLINICAL HEMATOLOGY

HEMAT-01	Hematology	<ul style="list-style-type: none"> Haemoglobin WBC RBC Hematocrit DLC (Digital Hematology Program) 	<ul style="list-style-type: none"> MCV MCH MCHC Platelet Count 	7200	6	<input type="checkbox"/>
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HEMAT-02	Digital Hematology (DLC)	<ul style="list-style-type: none"> Blood Cell Morphology Program 		3600	6	<input type="checkbox"/>
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HEMAT-03	Hemoglobin Electrophoresis	<ul style="list-style-type: none"> Hemoglobin variants 		7800	4	<input type="checkbox"/>
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HEMAT-04	Coagulation Program	<ul style="list-style-type: none"> PT INR APTT 	<ul style="list-style-type: none"> TT Fibrinogen 	13500	4	<input type="checkbox"/>
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 *HEMAT-05	ABO-Rh Program	<ul style="list-style-type: none"> A,B,O,AB & Rh Typing Blood Group 		4800	4	<input type="checkbox"/>
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 *HEMAT-06	Direct-Coombs	<ul style="list-style-type: none"> Direct-Coombs Test 		3000	2	<input type="checkbox"/>
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* New QAP Programs year 2026 (Pilot Programs)

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

MICRO-01	Microbiology	<ul style="list-style-type: none"> Part A- Unstained fixed smears Part B-Culture vials. 	5800	6	<input type="checkbox"/>
MICRO-02	Mycology	<ul style="list-style-type: none"> Yeast like and Filamentous fungi 	5800	6	<input type="checkbox"/>

CLINICAL PATHOLOGY

Urine-01	Urine Routine Analysis (Manual & Semi Automated)	<ul style="list-style-type: none"> Specific Gravity pH Leukocyte Nitrite Urinary Protein total Glucose Ketone Bodies Urobilinogen Bilirubin Total Blood (Haemoglobin) 	6200	12	<input type="checkbox"/>
 *Urine-02	Urine Routine Analysis Automated	<ul style="list-style-type: none"> Specific Gravity pH Leukocyte Nitrite Urinary Protein total Glucose Ketone Bodies Urobilinogen Bilirubin Total Blood (Hemoglobin) 	12600	12	<input type="checkbox"/>

INDIRECT IFA

IFA 01	Antinuclear Antibodies (ANA-IFA)	<ul style="list-style-type: none"> ANA 	5200	4	<input type="checkbox"/>
 *IFA 02	Anti Mitochondrial Antibody	<ul style="list-style-type: none"> AMA 	3200	2	<input type="checkbox"/>
 *IFA 03	Anti Smooth Muscle Antibody	<ul style="list-style-type: none"> ASMA 	3200	2	<input type="checkbox"/>
 *IFA 04	Anti Gastric Parietalcell Antibody	<ul style="list-style-type: none"> AGPCA 	3200	2	<input type="checkbox"/>
 *IFA 05	Anti Endomysium Antibody	<ul style="list-style-type: none"> AEA 	3200	2	<input type="checkbox"/>

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 	6400	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) 	7200	6	<input type="checkbox"/>
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 	5200	2	<input type="checkbox"/>

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 * New QAP Programs year 2026 (Pilot Programs)
 Doc. No.: QAP/FR/01/R05/Dt.; 10.11.2025

QAP Program CODE	QAP Program	Parameters	Registration Fee+Program Charges.* [GST Extra (18%)]	Round	Please Select
*HISTO-03 	Digital Histopathology	<ul style="list-style-type: none"> Analytical (Virtual slides) 	6800	6	<input type="checkbox"/>
HISTO-IHC					
HISTO IHC-00	Breast IHC Module	<ul style="list-style-type: none"> ER-a PR HER2/neu 	6800	2	<input type="checkbox"/>
	Routine IHC Module	<ul style="list-style-type: none"> Pan Cytokeratin (PCK) CK-7 CK-20 CK 5/6 Vimentin Desmin GATA 3 S-100 CD-45 (LCA) CD-3 CD-20 CD-68 CD-34 BCL 2 BCL 6 Napsin - A Chromogenin A Synaptophysin PAX 5 CEA Ki67 	1900	2	<input type="checkbox"/>
Histo IHC-01			1900	2	<input type="checkbox"/>
Histo IHC-02			1900	2	<input type="checkbox"/>
Histo IHC-03			1900	2	<input type="checkbox"/>
Histo IHC-04			1900	2	<input type="checkbox"/>
Histo IHC-05			1900	2	<input type="checkbox"/>
Histo IHC-06			1900	2	<input type="checkbox"/>
Histo IHC-07			1900	2	<input type="checkbox"/>
Histo IHC-08			1900	2	<input type="checkbox"/>
Histo IHC-09			1900	2	<input type="checkbox"/>
Histo IHC-10			1900	2	<input type="checkbox"/>
Histo IHC-11			1900	2	<input type="checkbox"/>
Histo IHC-12			1900	2	<input type="checkbox"/>
Histo IHC-13			1900	2	<input type="checkbox"/>
Histo IHC-14			1900	2	<input type="checkbox"/>
Histo IHC-15			1900	2	<input type="checkbox"/>
Histo IHC-16			1900	2	<input type="checkbox"/>
Histo IHC-17			1900	2	<input type="checkbox"/>
Histo IHC-18			1900	2	<input type="checkbox"/>
Histo IHC-19			1900	2	<input type="checkbox"/>
Histo IHC-20			1900	2	<input type="checkbox"/>
Histo IHC-21			1900	2	<input type="checkbox"/>
Histo IHC-23	Prostate IHC Module	<ul style="list-style-type: none"> p63 HMWCK - (34βE12) AMACR 	6800	2	<input type="checkbox"/>
CYTOPATHOLOGY PROGRAM					
CYTO	Cytopathology	<ul style="list-style-type: none"> Virtual Slides 	6800	6	<input type="checkbox"/>
MOLECULAR MICRO PCR PROGRAM					
MOL PCR-00	SARS-CoV-2	<ul style="list-style-type: none"> SARS-CoV-2 	8400	2	<input type="checkbox"/>
MOL PCR-01	HBV DNA Quantitative	<ul style="list-style-type: none"> HBV DNA Quantitative 	7700	2	<input type="checkbox"/>
MOL PCR-02	HCV RNA Quantitative	<ul style="list-style-type: none"> HCV RNA Quantitative 	7700	2	<input type="checkbox"/>
MOL PCR-03	Dengue-RNA	<ul style="list-style-type: none"> Dengue-RNA 	7700	2	<input type="checkbox"/>
MOL PCR-04	Chikungunya-RNA	<ul style="list-style-type: none"> Chikungunya-RNA 	7700	2	<input type="checkbox"/>
MOL PCR-05	HPV-DNA	<ul style="list-style-type: none"> HPV-DNA 	7700	2	<input type="checkbox"/>
MOL-PCR-06	MTB-DNA	<ul style="list-style-type: none"> MTB-DNA 	7700	2	<input type="checkbox"/>
MOL PCR-07	NTM-DNA	<ul style="list-style-type: none"> NTM-DNA 	7700	2	<input type="checkbox"/>
MOL PCR-08	HLA-B27 DNA	<ul style="list-style-type: none"> HLA-B27 DNA 	7700	2	<input type="checkbox"/>
MOL PCR-09	PCR Malaria	<ul style="list-style-type: none"> PCR Malaria 	7700	2	<input type="checkbox"/>
MOL PCR-10	Respiratory RNA Flu Panel	<ul style="list-style-type: none"> Influenza A, Influenza B, H1N1,H3N2, RSV 	9900	2	<input type="checkbox"/>
MOLECULAR MUTATION PCR PROGRAM					
*MOL PCR-11 	BCR ABL Quantitative	<ul style="list-style-type: none"> BCR ABL 	8800	2	<input type="checkbox"/>
FLOW CYTOMETRY PROGRAM					
FLOW-01	Flow cytometry-(CD4 & CD8)	<ul style="list-style-type: none"> CD-4 CD-8 	16000	2	<input type="checkbox"/>

Charges Applicable for National Participants only. For International Participants Kindly Contact at qap@rmlqap.com

* New QAP Programs year 2026 (Pilot Programs)

**QAP
Program
CODE**

**QAP
Program**

Parameters



**Registration
Fee+Program
Charges.*
[GST Extra (18%)]**

Round

**Please
Select**

New QAP Programs Year 2026*

SEROLOGY

SERO-03	Viral Marker Panel Test	<ul style="list-style-type: none"> HIV Antibody HBsAg Anti HCV 	4400	4	<input type="checkbox"/>
SERO-04	Fungal Serology	<ul style="list-style-type: none"> Cryptococcus Antigen Galactomannan Antigen Aspergillus Fumigatus IgE Aspergillus Fumigatus IgM Aspergillus Fumigatus IgG 	6800	2	<input type="checkbox"/>
SERO-05	Coeliac Serology	<ul style="list-style-type: none"> Anti-tTG IgA Anti-tTG IgG 	4400	2	<input type="checkbox"/>

HISTOPATHOLOGY

HISTO-03	Digital Histopathology	<ul style="list-style-type: none"> Analytical (Virtual slides) 	6800	6	<input type="checkbox"/>
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CLINICAL PATHOLOGY

Urine-02	Urine Routine Analysis <u>Automated</u>	<ul style="list-style-type: none"> Specific Gravity pH Leukocyte Nitrite Urinary Protein total Glucose Ketone Bodies Urobilinogen Bilirubin Total Blood (Haemoglobin) 	12600	12	<input type="checkbox"/>
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MOLECULAR MUTATION PCR PROGRAM

MOL PCR-11	BCR ABL Quantitative	<ul style="list-style-type: none"> BCR ABL 	8800	2	<input type="checkbox"/>
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INDIRECT IFA

IFA 02	Anti Mitochondrial Antibody	<ul style="list-style-type: none"> AMA 	3200	2	<input type="checkbox"/>
IFA 03	Anti Smooth Muscle Antibody	<ul style="list-style-type: none"> ASMA 	3200	2	<input type="checkbox"/>
IFA 04	Anti Gastric Parietalcell Antibody	<ul style="list-style-type: none"> AGPCA 	3200	2	<input type="checkbox"/>
IFA 05	Anti Endomysium Antibody	<ul style="list-style-type: none"> AEA 	3200	2	<input type="checkbox"/>

CLINICAL HEMATOLOGY

HEMAT-05	ABO-Rh Program	<ul style="list-style-type: none"> A,B,O,AB & Rh Typing Blood Group 	4800	4	<input type="checkbox"/>
HEMAT-06	Direct-Coombs	<ul style="list-style-type: none"> Direct-Coombs Test 	3000	2	<input type="checkbox"/>

Charges Applicable for National Participants only. For International Participants Kindly Contact at qap@rmlqap.com

* New QAP Programs year 2026 (Pilot Programs)

Doc. No.: QAP/FR/01/R05/Dt.: 10.11.2025

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
- PAN No. : AANCR0116Q

Participant Transaction No. _____

Participant GST No. _____ Participant PAN No. : _____

Transaction Amount _____ Transaction Date _____

Bank Name & Branch _____

Correspondence Address

PT Co-ordinator RML Quality Assurance Program

B-171, Nirala Nagar Lucknow- 226020 Tel.No. 0522-4034100 / 7518077222 / 7991649991

Email ID: gap@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

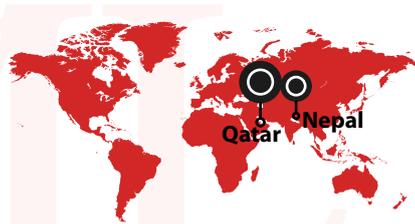
INDIA

RML Quality Assurance Program (RML-QAP)

📍 National Presence

🌐 International Presence





Registration open for both National & International Labs

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



Developed & designed by Indian laboratory experts