RML

Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

BASIC CLINICAL BIOCHEMISTRY (BIO-01)

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

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

Analyte Name	Methodology	Instrument Make & Model	Operation	Unit
1. Albumin	1) Bromcresol Purple(BCP) 2) Bromcresol Green(BCG) 3) PEP- agarose gel 4) Immunoturbidimetric 5) other _____	☐ 1) Abbott ☐ 2) Alfa Wassermann ☐ 3) Beckman ☐ 4) Helena REP ☐ 5) Roche ☐ 6) Siemens ☐ 7) Vital Scientific ☐ 8) Fuji Dri-Chem ☐ 9) Vitros ☐ 10) Other _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	g/dl ☐
2. Alkaline Phosphatase	1) PNPP, AMP Buffer 2) PNPP, DEA Buffer 3) PNPP, TRIS Buffer 4) other_____	☐ 1) Abbott ☐ 2) Siemens ☐ 3) Alfa Wassermann ☐ 4) Beckman ☐ 5) Fuji Dri-Chem ☐ 6) Roche ☐ 7) Vital Scientific ☐ 8) Vitros ☐ 9) Other _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	U/L ☐
3. Bilirubin, Total/TBIL	1) Diazonium Ion 2) Jendrassik Grof 3) Enzymatic 4) DPD 5) Vanadate Oxidation 6) Evelyn Malloy 7) Calculated 8) Immunoturbidimetric 9) other _____	☐ 1) Abbott ☐ 2) Siemens ☐ 3) Alfa Wassermann ☐ 4) Beckman ☐ 5) Fuji Dri-Chem ☐ 6) Roche ☐ 7) Vital Scientific ☐ 8) Vitros ☐ 9) Other _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	mg/dL ☐

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BASIC CLINICAL BIOCHEMISTRY (BIO-01)

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

Analyte Name	Methodology	Instrument Make & Model	Operation	Unit
4 . Calcium	1) Arsenazo III 2) BAPTA 3) O-cresolphthalein Complexone 4) Immunoturbidimetric 5) other _____	1) Abbott 2) Alfa Wassermann 3) Beckman 4) Roche 5) Vital Scientific 6) Siemens 7) Blood Gas 8) Other _____	Manual Auto Semi Auto Others	mg/dL
5. Cholesterol Total	1) Cholesterol oxidase, esterase, peroxidase 2) Cholesterol oxidase, esterase, catalase 3) Immunoturbidimetric 4) other _____	1) Abbott 2) Alfa Wassermann 3) Beckman 4) Roche 5) Vital Scientific 6) Siemens 7) Blood Gas 8) Other _____	Manual Auto Semi Auto Others	mg/dL
6. Creatinine	1) Alkaline Picrate-Kinectic, IFCC-IDMS standardized/jaffe kinetic 2) Immunoturbidimetric 3) Enzymatic method 4) Other _____	1) Abbott 2) Alfa Wassermann 3) Beckman 4) Roche 5) Siemens 6) Fuji Dri-Chem 7) Vital Scientific 8) Blood Gas 9) Vitros Microslide 10) Other _____	Manual Auto Semi Auto Others	mg/dL
7. Glucose	1) Hexokinase 2) Glucose oxidase, Hydrogen Peroxide (Trinder) 3) Glucose oxidase, oxygen Consumption 4) Orthotoulidine method 5) other _____	1) Abbott 2) Alfa Wassermann 3) Beckman 4) Fuji Dri-Chem 5) Roche 6) Siemens 7) Vital Scientific 8) Vitros Microslide 9) Blood Gas 10) Other _____	Manual Auto Semi Auto Others	mg/dL

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BASIC CLINICAL BIOCHEMISTRY (BIO-01)

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

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

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Testing Analytes & Method Questionnaire

BASIC CLINICAL BIOCHEMISTRY (BIO-01)

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

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

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Testing Analytes & Method Questionnaire

BASIC CLINICAL BIOCHEMISTRY (BIO-01)

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

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
16 .Uric Acid	1) Immunonephlometry 2) Uricase, Colorimetric/Enzymatic 3) Uricase, UV 4) Other_____	☐ 1) Abbott ☐ 2) Alfa Wassermann ☐ 3) Fuji Dri-Chem 4) Beckman 5) Roche 6) Siemens 7) Vitros Microslide 8) Other _____	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	mg/dL ☐

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Testing Analytes & Method Questionnaire

EXTENDED BIOCHEMISTRY (BIO-02)

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

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

Analyte Name	Methodology	Instrument Make & Model	Operation	Unit
1. Albumin	1) Bromcresol Purple(BCP) 2) Bromcresol Green(BCG) 3) PEP- agarose gel 4) Immunoturbidimetric 5) other _____	☐ 1) Abbott ☐ _____ ☐ 2) Alfa Wassermann ☐ _____ ☐ 3) Beckman ☐ _____ ☐ 4) Helena REP ☐ _____ ☐ 5) Roche ☐ _____ 6) Siemens ☐ _____ 7) Vital Scientific ☐ _____ 8) Fuji Dri-Chem ☐ _____ 9) Vitros ☐ _____ 10) Other _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	g/dl ☐
2. Alkaline Phosphatase	1) PNPP, AMP Buffer 2) PNPP, DEA Buffer 3) PNPP, TRIS Buffer 4) Other _____	☐ 1) Abbott ☐ _____ ☐ 2) Siemens ☐ _____ ☐ 3) Alfa Wassermann ☐ _____ 4) Beckman ☐ _____ 5) Fuji Dri-Chem ☐ _____ 6) Roche ☐ _____ 7) Vital Scientific ☐ _____ 8) Vitros ☐ _____ 9) Other _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	U/L ☐
3. Bilirubin, Total/TBIL	1) Diazonium Ion 2) Jendrassik Grof 3) Enzymatic 4) DPD 5) Vanadate Oxidation 6) Evelyn Malloy 7) Calculated 8) Immunoturbidimetric 9) Other _____	☐ 1) Abbott ☐ _____ ☐ 2) Siemens ☐ _____ ☐ 3) Alfa Wassermann ☐ _____ ☐ 4) Beckman ☐ _____ ☐ 5) Fuji Dri-Chem ☐ _____ ☐ 6) Roche ☐ _____ ☐ 7) Vital Scientific ☐ _____ ☐ 8) Vitros ☐ _____ ☐ 9) Other _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	mg/dL ☐

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Testing Analytes & Method Questionnaire

EXTENDED BIOCHEMISTRY (BIO-02)

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

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
4 . Calcium	1) Arsenazo III 2) O-cresolphthalein Complexone 3) BAPTA 4) Immunoturbidimetric 5) Other_____	☐ 1) Abbott ☐ 2) Alfa Wassermann ☐ 3) Beckman ☐ 4) Roche ☐ 5) Vital Scientific 6) Siemens 7) Blood Gas 8) Other _____	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	mg/dL ☐
5. Cholesterol Total	1) Cholesterol oxidase, esterase, peroxidase 2) Immunoturbidimetric 3) Cholesterol oxidase, esterase, catalase 4) Other_____	1) Abbott ☐ 2) Alfa Wassermann ☐ 3) Beckman 4) Roche ☐ 5) Vital Scientific 6) Siemens 7) Blood Gas 8) Other _____	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	mg/dL ☐
6. Creatinine	1) Alkaline Picrate-Kinectic, IFCC-IDMS standardized/ Jaffe kinetic 2) Immunoturbidimetric 3) Enzymatic 4) other_____	1) Abbott ☐ 2) Alfa Wassermann ☐ 3) Beckman ☐ 4) Roche ☐ 5) Siemens 6) Fuji Dri-Chem 7) Vital Scientific 8) Blood Gas 9) Vitros Microslide 10) Other _____	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	mg/dL ☐
7. Glucose	1) Hexokinase 2) Glucose oxidase, Hydrogen Peroxide (Trinder) 3) Glucose oxidase, oxygen Consumption 4) Orthotoulidine method 5) other _____	☐ 1) Abbott 2) Alfa Wassermann ☐ 3) Beckman 4) Fuji Dri-Chem ☐ 5) Roche 6) Siemens ☐ 7) Vital Scientific 8) Vitros Microslide 9) Blood Gas 10) Other _____	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	mg/dL ☐

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EXTENDED BIOCHEMISTRY (BIO-02)

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

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

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Testing Analytes & Method Questionnaire

EXTENDED BIOCHEMISTRY (BIO-02)

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

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

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Testing Analytes & Method Questionnaire

EXTENDED BIOCHEMISTRY (BIO-02)

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

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
16 .Uric Acid	1) Immunoneohlometry 2) Uricase,Colorimetric/Enzymatic 3) Uricase, UV 4) other _____	☐ 1) Abbott ☐ 2) Alfa Wassermann ☐ 3) Fuji Dri-Chem ☐ 4) Beckman ☐ 5) Roche ☐ 6)Siemens ☐ 7) Vitros Microslide ☐ 8) Other _____	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	mg/dL ☐
17. Chloride	1) ISE Direct 2) ISE Indirect 3) Calorimetric 4) Enzymatic 5) Ferric Perchlorate 6) Other _____	☐ 1) Abbott ☐ 2) Alfa Wassermann ☐ 3) Fuji Dri-Chem ☐ 4) Beckman ☐ 5) Roche ☐ 6)Siemens ☐ 7) Vitros Microslide ☐ 8) Other _____	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	mEq/L ☐
18. Phosphorus	1) Enzymatic 2) Phosphomolybdate method 3) other _____	☐ 1) Abbott ☐ 2) Alfa Wassermann ☐ 3) Fuji Dri-Chem ☐ 4) Beckman ☐ 5) Roche ☐ 6)Siemens ☐ 7) Vitros Microslide ☐ 8) Other _____	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	mg/dL ☐
19. Magnesium	1) Calmagite 2) Enzymatic 3) Imidazole Blue 4) Chlorophosphonazo 5) other _____	☐ 1) Abbott ☐ 2) Alfa Wassermann ☐ 3) Fuji Dri-Chem ☐ 4) Beckman ☐ 5) Roche ☐ 6)Siemens ☐ 7) Vitros Microslide ☐ 8) Other _____	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	mg/dL ☐

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Testing Analytes & Method Questionnaire

EXTENDED BIOCHEMISTRY (BIO-02)

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

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
20. Iron	1) Immunoturbidimetric 2) Ferrozine-no Deproteinization 3) Pyridyl - azo dye 4) Ferene 5) other _____	☐ 1) Abbott ☐ 2) Alfa Wassermann ☐ 3) Fuji Dri-Chem ☐ 4) Beckman ☐ 5) Roche ☐ 6)Siemens ☐ 7) Vitros Microslide ☐ 8) Other _____	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	µg/dL ☐
21. Amylase	1) Enzymatic 2) G7 PNP Blocked 3) other _____	☐ 1) Abbott ☐ 2) Alfa Wassermann ☐ 3) Fuji Dri-Chem ☐ 4) Beckman ☐ 5) Roche ☐ 6)Siemens ☐ 7) Vitros Microslide ☐ 8) Other _____	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	U/L ☐
22. CK	1) Calorimetric 2) Enzymatic/NAC activated 3) other _____	☐ 1) Abbott ☐ 2) Alfa Wassermann ☐ 3) Fuji Dri-Chem ☐ 4) Beckman ☐ 5) Roche ☐ 6)Siemens ☐ 7) Vitros Microslide ☐ 8) Other _____	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	U/L ☐

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Testing Analytes & Method Questionnaire

GLYCOSYLATED HEMOGLOBIN (BIO-03)

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

(A) Whole Blood sample shall be provided to the participating lab for testing following analytes.
Please tick ☐ as appropriate.

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
HbA1C	1) Immunoturbidimetric ☐ 2) Calculated ☐ 3) HPLC ☐ 4) Enzymatic ☐ 5) Electrophoresis ☐ 6) Other _____	1) Abbott Hematology ☐ 2) Beckman ☐ 3) Bio-Rad ☐ 4) Siemens ☐ 5) Roche ☐ 6) Tosoh ☐ 7) Sebia ☐ 8) Other _____	_____ _____ _____ _____ _____ _____ _____	Manual ☐ Auto ☐ Semi Auto ☐ Other ☐	% ☐ g/dL ☐ mmol/mol ☐ Other _____

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Testing Analytes & Method Questionnaire

PROTEIN ELECTROPHORESIS (BIO-04)

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

Please tick ☐ as appropriate.

Test name	Methodology	Instrument name	Kit Name	Other Information
1. Protein Electrophoresis	Capillary Electrophoresis ☐	1.Sebia ☐ 2. Other ☐ If other mention name	.....	

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Testing Analytes & Method Questionnaire

EXTENDED THYROID PROGRAM (BIO-05)

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

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

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

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Testing Analytes & Method Questionnaire

EXTENDED THYROID PROGRAM (BIO-05)

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

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

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

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Testing Analytes & Method Questionnaire

MATERNAL SCREEN (Anti-natal test) (BIO-06)

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

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

Please tick ☐ as appropriate.

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

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Testing Analytes & Method Questionnaire

BASIC CLINICAL IMMUNOLOGY (IMMUNO-01)

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

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

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
1. T.S.H.	1) Chemiluminescence 2) EIA 3) ECLIA 4) Radiolimmuno Assay 5) Other _____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	µIU/mL
2. T4	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 7) Other _____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	nmol/L
3. T3	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 7) Other _____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	nmol/L
4. FSH .	1) Chemiluminescence 2) EIA 3) Electrochemiluminescence 4) Other _____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	mIU/mL

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BASIC CLINICAL IMMUNOLOGY (IMMUNO-01)

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

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
5. LH .	1) Chemiluminescence ☐ 2) EIA ☐ 3) FIA ☐ 4) Electrochemiluminescence ☐ 5) Other _____	1) Abbott ☐ 2) Beckman ☐ 3) Biomerieux VIDAS ☐ 4) Fujirebio LUMIPULSE ☐ 5) Roche ☐ 6) Siemens ☐ 7) Tosoh AIA ☐ 8) VITROS MICROWELL Series ☐ 9) Other _____	_____ _____ _____ _____ _____ _____ _____ _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	mIU/mL ☐
6. Prolactin	1) Chemiluminescence ☐ 2) EIA ☐ 3) FIA ☐ 4) Electrochemiluminescence ☐ 5) Fluorescence Polarization-Roche ☐ 6) Other_____	1) Abbott ☐ 2) Beckman ☐ 3) Biomerieux VIDAS ☐ 4) Fujirebio LUMIPULSE ☐ 5) Roche ☐ 6) Siemens ☐ 7) Tosoh AIA ☐ 8) VITROS MICROWELL Series ☐ 9) Other _____	_____ _____ _____ _____ _____ _____ _____ _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	ng/mL ☐

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EXTENDED IMMUNOLOGY PROGRAM (IMMUNO-02)

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

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

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
1. 25-Hydroxy Vitamin D	1) Chemiluminescence ☐ 2) EIA ☐ 3) CLIA ☐ 4) Electrochemiluminescence ☐ 5) Fluorescence Polarization-Roche ☐ 6) Immunoturbidimetric ☐ 7) ELISA ☐ 8) Other _____	1) Abbott ☐ 2) Beckman ☐ 3) Biomerieux VIDAS ☐ 4) Fujirebio LUMIPULSE ☐ 5) Roche ☐ 6) Siemens ☐ 7) Tosoh AIA ☐ 8) VITROS MICROWELL Series ☐ 9) Other _____	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	pg/mL ☐ Other _____
2. Anti-TG	1) Chemiluminescence ☐ 2) EIA ☐ 3) FIA ☐ 4) Electrochemiluminescence ☐ 5) Fluorescence Polarization-Roche ☐ 6) Immunoturbidimetric ☐ 7) ELISA ☐ 8) Other _____	1) Abbott ☐ 2) Beckman ☐ 3) Biomerieux VIDAS ☐ 4) Fujirebio LUMIPULSE ☐ 5) Roche ☐ 6) Siemens ☐ 7) Tosoh AIA ☐ 8) VITROS MICROWELL Series ☐ 9) Other _____	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	IU/mL ☐ Other _____
3. Anti-TPO	1) Chemiluminescence ☐ 2) EIA ☐ 3) FIA ☐ 4) Electrochemiluminescence ☐ 5) Fluorescence Polarization-Roche ☐ 6) Immunoturbidimetric ☐ 7) ELISA ☐ 8) Other _____	1) Abbott ☐ 2) Beckman ☐ 3) Biomerieux VIDAS ☐ 4) Fujirebio LUMIPULSE ☐ 5) Roche ☐ 6) Siemens ☐ 7) Tosoh AIA ☐ 8) VITROS MICROWELL Series ☐ 9) Other _____	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	IU/mL ☐ nmol/L ☐ ng/mL ☐ Other _____
4. FT3	1) Chemiluminescence ☐ 2) EIA ☐ 3) FIA ☐ 4) Electrochemiluminescence ☐ 5) Fluorescence Polarization-Roche ☐ 6) Immunoturbidimetric ☐ 7) ELISA ☐ 8) Other _____	1) Abbott ☐ 2) Beckman ☐ 3) Biomerieux VIDAS ☐ 4) Fujirebio LUMIPULSE ☐ 5) Roche ☐ 6) Siemens ☐ 7) Tosoh AIA ☐ 8) VITROS MICROWELL Series ☐ 9) Other _____	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	pmol/L ☐ µIU/mL ☐ mIU/L ☐ Other _____

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EXTENDED IMMUNOLOGY PROGRAM (IMMUNO-02)

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

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

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
5. FT4	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 7) ELISA 8) Other_____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	pmol/L Other _____
6. T3	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 7) ELISA 8) Other_____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	nmol/L Other _____
7. T4	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 7) ELISA 8) Other_____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	nmol/L Other _____
8. TSH	1) Chemiluminescence 2) EIA 3) CLIA 4) Radiolimmuno Assay 5) ELISA 6) Other _____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	uIU/mL Other _____

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

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
9. Cortisol	1) Chemiluminescence ☐ 2) EIA ☐ 3) Electrochemiluminescence ☐ 4) ELISA ☐ 5) Other _____	1) Abbott ☐ _____ 2) Beckman ☐ _____ 3) Biomerieux VIDAS ☐ _____ 4) Fujirebio LUMIPULSE ☐ _____ 5) Roche ☐ _____ 6) Siemens ☐ _____ 7) Tosoh AIA ☐ _____ 8) VITROS MICROWELL Series ☐ _____ 9) Other _____		Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	ng/mL ☐ Other _____
10. ACTH	1) Chemiluminescence ☐ 2) EIA ☐ 3) FIA ☐ 4) Electrochemiluminescence ☐ 5) Fluorescence Polarization-Roche ☐ 6) Immunoturbidimetric ☐ 7) ELISA ☐ 8) Other_____	1) Abbott ☐ _____ 2) Beckman ☐ _____ 3) Biomerieux VIDAS ☐ _____ 4) Fujirebio LUMIPULSE ☐ _____ 5) Roche ☐ _____ 6) Siemens ☐ _____ 7) Tosoh AIA ☐ _____ 8) VITROS MICROWELL Series ☐ _____ 9) Other _____		Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	pg/mL ☐ Other _____
11. LH	1) Chemiluminescence ☐ 2) EIA ☐ 3) FIA ☐ 4) Electrochemiluminescence ☐ 5) ELISA ☐ 6) Other_____	1) Abbott ☐ _____ 2) Beckman ☐ _____ 3) Biomerieux VIDAS ☐ _____ 4) Fujirebio LUMIPULSE ☐ _____ 5) Roche ☐ _____ 6) Siemens ☐ _____ 7) Tosoh AIA ☐ _____ 8) VITROS MICROWELL Series ☐ _____ 9) Other _____		Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	mIU/ml ☐ Other _____
12. FSH	1) Chemiluminescence ☐ 2) EIA ☐ 3) Electrochemiluminescence ☐ 4) ELISA ☐ 5) Other _____	1) Abbott ☐ _____ 2) Beckman ☐ _____ 3) Biomerieux VIDAS ☐ _____ 4) Fujirebio LUMIPULSE ☐ _____ 5) Roche ☐ _____ 6) Siemens ☐ _____ 7) Tosoh AIA ☐ _____ 8) VITROS MICROWELL Series ☐ _____ 9) Other _____		Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	mIU/ml ☐ Other _____

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

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

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
13. PROLACTIN	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 7) ELISA 8) Other _____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	IU/mL Other _____
14. Progesterone	1) Chemiluminescence 2) EIA 3) Electrochemiluminescence 4) ELISA 5) Other _____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	ng/mL Other _____
15. Estradiol	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 7) ELISA 8) Other _____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	pg/mL Other _____
16. Testosterone	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 7) ELISA 8) Other _____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	ng/mL Other _____

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EXTENDED IMMUNOLOGY PROGRAM (IMMUNO-02)

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

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

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
17. hCG	1) Chemiluminescence 2) EIA 3) CLIA 4) Radiolimmuno Assay 5) ELISA 6) Other _____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	mIU/ml Other _____
18. DHEA Sulfate	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 5) ELISA 7) Other _____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	ug/dL Other _____
19. Ferritin	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 5) ELISA 7) Other _____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	ng/mL Other _____
20. Iron	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 5) ELISA 7) Other _____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	ug/dL Other _____

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EXTENDED IMMUNOLOGY PROGRAM (IMMUNO-02)

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

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

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
21. TIBC	1) Chemiluminescence 2) EIA 3) CLIA 4) Radiolimmuno Assay 5) ELISA 6) Other _____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	ug/dL Other _____
22. Vitamin B12	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 7) ELISA 8) Other_____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	pg/mL Other _____
23. Serum Folate	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 7) ELISA 8) Other_____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	ng/mL Other _____
24. Immunogloubin IgG	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 7) ELISA 8) Other_____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	IU/mL Other _____

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EXTENDED IMMUNOLOGY PROGRAM (IMMUNO-02)

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

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

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
25. Immunogloubin IgA	1) Chemiluminescence 2) EIA 3) CLIA 4) Radiolimmuno Assay 5) ELISA 6) Other _____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	IU/mL Other _____
26. Immunogloubin IgM	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 7) ELISA 8) Other_____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	IU/mL Other _____
27. Immunogloubin IgE	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 7) ELISA 8) Other_____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	IU/mL Other _____

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Testing Analytes & Method Questionnaire

TUMOR MARKER PROGRAM (IMMUNO-03)

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

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

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
1. CA125	1) Chemiluminescence 2) EIA 3) CLIA 4) Radiolimmuno Assay 5) ELISA 6) Other_____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	U/mL Other_____
2. HE4	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 7) ELISA 8) Other_____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	pg/mL Other_____
3. CEA	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 7) ELISA 8) Other_____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	ng/mL Other_____
4. PSA	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 7) ELISA 8) Other_____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	ng/mL Other_____

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Testing Analytes & Method Questionnaire

TUMOR MARKER PROGRAM (IMMUNO-03)

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

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

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
5. Free-PSA	1) Chemiluminescence 2) EIA 3) CLIA 4) Radiolimmuno Assay 5) ELISA 6) Other _____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	ng/mL Other _____
6. AFP	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 7) ELISA 8) Other_____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	IU/mL Other _____
7. hCG	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 7) ELISA 8) Other_____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	mIU/mL Other _____
8. CA-15-3	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 7) ELISA 8) Other_____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____	Manual Auto Semi Auto Others	U/mL Other _____

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Testing Analytes & Method Questionnaire

TUMOR MARKER PROGRAM (IMMUNO-03)

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

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

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
9. CA-19-9	1) Chemiluminescence 2) EIA 3) CLIA 4) Radiolimmuno Assay 5) ELISA 6) Other _____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____ _____ _____ _____ _____ _____ _____ _____	Manual Auto Semi Auto Others	U/mL Other _____
10. B-2-Microglobulin	1) Chemiluminescence 2) EIA 3) FIA 4) Electrochemiluminescence 5) Fluorescence Polarization-Roche 6) Immunoturbidimetric 7) ELISA 8) Other_____	1) Abbott 2) Beckman 3) Biomerieux VIDAS 4) Fujirebio LUMIPULSE 5) Roche 6) Siemens 7) Tosoh AIA 8) VITROS MICROWELL Series 9) Other _____	_____ _____ _____ _____ _____ _____ _____ _____	Manual Auto Semi Auto Others	ug/mL Other _____

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Testing Analytes & Method Questionnaire

BASIC SEROLOGY (SERO-01)

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

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

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

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Testing Analytes & Method Questionnaire

BASIC SEROLOGY (SERO-01)

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

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

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

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Testing Analytes & Method Questionnaire

EXTENDED SEROLOGY (SERO-02)

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

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

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

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Testing Analytes & Method Questionnaire

EXTENDED SEROLOGY (SERO-02)

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

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

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Testing Analytes & Method Questionnaire

VIRAL MARKER PANEL TEST (SERO-03*)

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

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

Test Parameters	Methodology		Instrument Make &		Model	Operation	
1. HIV Antibody	1) Chemiluminescence	☐	1) Vitros	☐	_____	Manual	☐
	2) Immunochromatography	☐	2) Elycses	☐	_____	Auto	☐
	3) ELISA	☐	3) Cobas	☐	_____	Others	☐
	4) Other_____		4) Rapid Card	☐	_____		
			5) ELISA Reader	☐	_____		
			6) Other _____				
2. HBsAg	1) Chemiluminescence	☐	1) Vitros	☐	_____	Manual	☐
	2) Immunochromatography	☐	2) Elycses	☐	_____	Auto	☐
	3) ELISA	☐	3) Cobas	☐	_____	Others	☐
	4) Other _____		4) Rapid Card	☐	_____		
			5) ELISA Reader	☐	_____		
			6) Other _____				
3. Anti HCV	1) Chemiluminescence	☐	1) Vitros	☐	_____	Manual	☐
	2) Immunofiltration	☐	2) Elycses	☐	_____	Auto	☐
	3) ELISA	☐	3) Cobas	☐	_____	Others	☐
	4) Other _____		4) Rapid Card	☐	_____		
			5) ELISA Reader	☐	_____		
			6) Other _____				

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Testing Analytes & Method Questionnaire

FUNGAL SEROLOGY (SERO-04*)

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

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

Test Parameters	Methodology	Instrument Make &	Model	Operation
1. Cryptococcus Antigen	☐	☐	_____	☐
2. Galactomannan Antigen	☐	☐	_____	☐
3. Aspergillus Fumigatus IgE	☐	☐	_____	☐
4. Aspergillus Fumigatus IgM	☐	☐	_____	☐
5. Aspergillus Fumigatus IgG	☐	☐	_____	☐

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Testing Analytes & Method Questionnaire

COELIAC SEROLOGY (SERO-05*)

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

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

Test Parameters	Methodology	Instrument Make &	Model	Operation
1. Anti-tTG IgA				Manual ☐ Automated ☐
2. Anti-tTG IgG				Manual ☐ Automated ☐

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Testing Analytes & Method Questionnaire

HEMATOLOGY (HEMAT-01)

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

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

Please tick ☐ following Method.

Analyte Name	Methodology		Instrument Make &		Model	Operation		Unit	
1. Haemoglobin	1) Photometric 2) other _____	☐	1) Abbott Hematology 2) ABX Hematology 3) Beckman 4)Siemens 5) Sysmex 6) Other _____	☐ ☐ ☐ ☐ ☐	_____ _____ _____ _____ _____	Manual Auto Semi Auto Other	☐ ☐ ☐ ☐	g/dl g/L Other _____	☐ ☐
2. WBCx10 ^{3}	1) Electrical Impedance 2) Light Scattering 3) Peroxidase Channel(Siemens) 4) other _____	☐ ☐ ☐	1) Abbott Hematology 2) ABX Hematology 3) Beckman 4)Siemens 5) Sysmex 6) Other _____	☐ ☐ ☐ ☐ ☐	_____ _____ _____ _____ _____	Manual Auto Semi Auto Other	☐ ☐ ☐ ☐	K/µl Giga/L(1E+9/L) Other _____	☐ ☐
3. RBCx10 ^{6}	1) Electrical Impedance 2) Light Scattering 3) Peroxidase Channel(Siemens) 4) other _____	☐ ☐ ☐	1) Abbott Hematology 2) ABX Hematology 3) Beckman 4)Siemens 5) Sysmex 6) Other _____	☐ ☐ ☐ ☐ ☐	_____ _____ _____ _____ _____	Manual Auto Semi Auto Other	☐ ☐ ☐ ☐	M/µl T/L(1E+9/L) T/L(1E+12/L) Other _____	☐ ☐
4. Hematocrit	1) Calculated 2) other _____	☐	1) Abbott Hematology 2) ABX Hematology 3) Beckman 4)Siemens 5) Sysmex 6) Other _____	☐ ☐ ☐ ☐ ☐	_____ _____ _____ _____ _____	Manual Auto Semi Auto Other	☐ ☐ ☐ ☐	% L/L Other _____	☐ ☐
5. MCV	1) Electrical Impedance 2) Light Scattering 3) Peroxidase Channel(Siemens) 4) Calculated 5) other _____	☐ ☐ ☐	1) Abbott Hematology 2) ABX Hematology 3) Beckman 4)Siemens 5) Sysmex 6) Other _____	☐ ☐ ☐ ☐ ☐	_____ _____ _____ _____ _____	Manual Auto Semi Auto Other	☐ ☐ ☐ ☐	fL Other _____	☐

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Testing Analytes & Method Questionnaire

HEMATOLOGY (HEMAT-01)

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

Whole Blood Sample shall be provided to the participant lab for testing following analytes.
Please tick ☐ following Method.

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

9. DLC (Digital Hematology Program)* – The web link shall be communicated with each round through email.

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

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Testing Analytes & Method Questionnaire

DIGITAL HEMATOLOGY (HEMAT-02)

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

DIGITAL HEMATOLOGY (DLC)

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

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Testing Analytes & Method Questionnaire

HEMATOLOGY (HEMAT-03)

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

Analyte Name	Methodology	Instrument Make & Model	Operation	Unit
1. Haemoglobin Variant analysis	HPLC ☐ Capillary Electrophoresis ☐ Other _____	1. BIORAD (D10) ☐ 2. BIORAD (VARIENT II TURBO ☐ 3. Sebia ☐ 4. Other ☐ If other mention name	.....	

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Testing Analytes & Method Questionnaire

COAGULATION PROGRAM (HEMAT-04)

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

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

Please tick ☐ following Method.

Analyte Name	Methodology	Instrument Make &	Model	Operation	Unit
1. Prothrombin Time (ISI <= 1.4)	1) IL HemosIL RecombiPlasTin 2G 2) Siemens Dade Innovin 3) Siemens Thromborel S 4) other _____	1) IL ACL TOP 2) Sysmex CA 3) Sysmex CS 4) Siemens 5) Diagnostica Stago 6) Other _____	_____ _____ _____ _____ _____	Manual Auto Semi Auto Other	Seconds Other _____
2. INR	1) IL HemosIL RecombiPlasTin 2G (INR) 2) Siemens Dade Innovin (INR) 3) Siemens Thromborel S (INR) 4) other _____	1) IL ACL TOP 2) Sysmex CA 3) Sysmex CS 4) Siemens 5) Diagnostica Stago 6) Other _____	_____ _____ _____ _____ _____	Manual Auto Semi Auto Other	INR Other _____
3. APTT	1) Diagnostica Stago STA PTT Automate 2) IL HemosIL APTT-SP 3) IL HemosIL SynthASiL 4) Siemens Dade Actin FS 5) Siemens Dade Actin FSL 6) Siemens Pathromtin SL 7) other_____	1) IL ACL TOP 2) Sysmex CA 3) Sysmex CS 4) Siemens 5) Diagnostica Stago 6) Other _____	_____ _____ _____ _____ _____	Manual Auto Semi Auto Other	Seconds Other _____
4. Thrombin Time	1) Diagnostica Stago STA Thrombin 2) IL HemosIL Thrombin Time 3) Siemens BC Thrombin 4) Siemens Test Thrombin 5) other _____	1) IL ACL TOP 2) Sysmex CA 3) Sysmex CS 4) Siemens 5) Diagnostica Stago 6) Other _____	_____ _____ _____ _____ _____	Manual Auto Semi Auto Other	Seconds Other _____
5. Fibrinogen	1) Diagnostica Stago STA Fibrinogen (Powder) 2) IL HemosIL Fibrinogen C 3) IL HemosIL Q.F.A. Thrombin (Bovine) 4) Siemens Dade Thrombin 5) Siemens Multifibren U 6) other _____	1) IL ACL TOP 2) Sysmex CA 3) Sysmex CS 4) Siemens 5) Diagnostica Stago 6) Other _____	_____ _____ _____ _____ _____	Manual Auto Semi Auto Other	g/L Other _____

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Testing Analytes & Method Questionnaire

ABO-Rh PROGRAM (HEMAT-05*)

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

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

Please tick ☐ following Method.

Analyte Name	Methodology	Instrument	Make & Model	Operation	Kit Name
1. ABO Grouping (Cell & Serum)	1) Slide/Tile method ☐ 2) Tube Method ☐ 3)Microplate Method ☐ 4) Gel Card / Column Agglutination ☐ 5) Solid phase red cell adherence (SPRCA) ☐ 6) Other (specify) _____	_____	_____	_____	_____
2. Rh Typing	1) Slide/Tile method ☐ 2) Tube Method ☐ 3)Microplate Method ☐ 4) Gel Card / Column Agglutination ☐ 5) Solid phase red cell adherence (SPRCA) ☐ 6) Other (specify) _____	_____	_____	_____	_____

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Testing Analytes & Method Questionnaire

DIRECT-COOMBS TEST (HEMAT-06*)

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

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

Please tick ☐ following Method.

Analyte Name	Methodology		Instrument Make &	Model	Operation	Kit Name
1. Direct Coombs Test (DAT)	1. Tube method (manual)	☐				
	2. Gel card / Column agglutination method	☐				
	3. Microplate method	☐				
	4. Solid phase red cell adherence (SPRCA)	☐				
	5. Flow cytometry	☐				
	6. ELISA-based	☐				
	7. Other (specify): _____					

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Testing Analytes & Method Questionnaire

MICROBIOLOGY (MICRO-01)

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

Please tick ☐ as appropriate.

MICROBIOLOGY

Part A: Staining

Methodology used: Automated ☐ Manual ☐

If Automated Name of instrument _____

Serial No. / Model No. _____

Part B: Culture & Sensitivity

Methodology used: Automated ☐ Manual ☐

If Automated Name of instrument _____

Serial No. / Model No. _____

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Testing Analytes & Method Questionnaire

MICROBIOLOGY (MICRO-02)

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

Please tick ☐ as appropriate.

MEDICAL MYCOLOGY PROGRAM

Culture & Sensitivity

Methodology used: Automated ☐ Manual ☐

If Automated

1. Name of instrument _____

Serial No. / Model No. _____

2. Name of instrument _____

Serial No. / Model No. _____

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Testing Analytes & Method Questionnaire

CLINICAL PATHOLOGY (URINE-01)

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

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

Please tick ☐ following Method.

Test Parameters	Methodology	Instrument Make & Model	Operation	Unit
1. Specify Gravity	O Dipstisk O Other	Roche Cobas u 411 ☐ Dirui H-800 ☐ Iris iChem Velocity ☐ Arkray Aution ☐ Roche Uisys ☐	1.Manual ☐ 2.Semi Auto ☐	
2. pH	O Dipstisk O Other	Roche Cobas u 411 ☐ Dirui H-800 ☐ Iris iChem Velocity ☐ Arkray Aution ☐ Roche Uisys ☐ Other.....	1.Manual ☐ 2.Semi Auto ☐	
3. Leukocytes	O Dipstisk O Other	Roche Cobas u 411 ☐ Dirui H-800 ☐ Iris iChem Velocity ☐ Arkray Aution ☐ Roche Uisys ☐ Other.....	1.Manual ☐ 2.Semi Auto ☐	/µl
4. Nitrite	O Dipstisk O Other	Roche Cobas u 411 ☐ Dirui H-800 ☐ Iris iChem Velocity ☐ Arkray Aution ☐ Roche Uisys ☐ Other.....	1.Manual ☐ 2.Semi Auto ☐	
5. Urinary Protein Total	O Dipstisk O Other	Roche Cobas u 411 ☐ Dirui H-800 ☐ Iris iChem Velocity ☐ Arkray Aution ☐ Roche Uisys ☐ Other.....	1.Manual ☐ 2.Semi Auto ☐	

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Testing Analytes & Method Questionnaire

CLINICAL PATHOLOGY (URINE-01)

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

Test Parameters	Methodology	Instrument Make &	Model	Operation	Unit
6. Glucose	O Dipstisk O Other	Roche Cobas u 411 Dirui H-800 Iris iChem Velocity Arkray Aution Roche Uisys Other.....	☐ ☐ ☐ ☐ ☐	1.Manual 2.Semi Auto ☐	mg/dl
7. Ketone Bodies	O Dipstisk O Other	Roche Cobas u 411 Dirui H-800 Iris iChem Velocity Arkray Aution Roche Uisys Other.....	☐ ☐ ☐ ☐ ☐	1.Manual 2.Semi Auto ☐	
8. urobilinogen	O Dipstisk O Other	Roche Cobas u 411 Dirui H-800 Iris iChem Velocity Arkray Aution Roche Uisys Other.....	☐ ☐ ☐ ☐ ☐	1.Manual 2.Semi Auto ☐	mg/dl
9. Bilirubin Total	O Dipstisk O Other	Roche Cobas u 411 Dirui H-800 Iris iChem Velocity Arkray Aution Roche Uisys Other.....	☐ ☐ ☐ ☐ ☐	1.Manual 2.Semi Auto ☐	mg/dl
10. blood(Haemoglobin)	O Dipstisk O Other	Roche Cobas u 411 Dirui H-800 Iris iChem Velocity Arkray Aution Roche Uisys Other.....	☐ ☐ ☐ ☐ ☐	1.Manual 2.Semi Auto ☐	/µl

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Testing Analytes & Method Questionnaire

URINE ROUTINE ANALYSIS AUTOMATED (URINE-02*)

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

Stablized Urine Sample shall be provided to the participant lab for testing following analytes.
Please tick ☐ following Method.

Details / Options

1. Analyzer Name _____

2. Manufacturer / Make / Model _____

3. Type of System
- ☐ Integrated with sediment module
- ☐ Standalone chemistry analyzer

4. List of Parameters Analyzed

		Unit
1. Albumin	☐	
2. Creatinine	☐	
3. Leukocyte esterase	☐	/µl
4. Nitrite	☐	
5. Blood / Hemoglobin	☐	/µl
6. Urobilinogen	☐	mg/dl
7. Bilirubin	☐	mg/dl
8. Ketones	☐	
9. Protein	☐	
10. Glucose	☐	mg/dl
11. pH	☐	
12. Specific gravity	☐	

5. Methodology
- 1. Dual-wavelength system ☐
- 2. Absorbance photometry ☐
- 3. Reflectance photometry ☐
- 4. Other (specify): _____

6. Reagent / Dipstick Manufacturer and Type _____

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Testing Analytes & Method Questionnaire

ANTINUCLEAR ANTIBODIES (ANA-IFA 01)

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

Please tick ☐ following.

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

Processing: (To be filled by participant).

1. Processing methodology used: Automated ☐ Manual ☐

2. Suggested Processing Protocol :

Sample + PBS (1:100)
↓
ANA slide
↓
Incubation (30 minutes/RT)
↓
Washing with wash buffer
↓
Conjugate
↓
Incubation (30 minutes/RT)
↓
Washing with wash buffer
↓
Mount cover slip
↓
Observe under microscope

Any Other: ☐ Yes ☐ No

If Yes, specify.....

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Testing Analytes & Method Questionnaire

AMA-ANTI MITOCHONDRIAL ANTIBODY (IFA 02*)

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

Please tick ☐ following.

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

Processing: (To be filled by participant).

1. Processing methodology used: Automated ☐ Manual ☐

2. Suggested Processing Protocol :

Sample + PBS (1:100)
↓
ANA slide
↓
Incubation (30 minutes/RT)
↓
Washing with wash buffer
↓
Conjugate
↓
Incubation (30 minutes/RT)
↓
Washing with wash buffer
↓
Mount cover slip
↓
Observe under microscope

Any Other: ☐ Yes ☐ No

If Yes, specify.....

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Testing Analytes & Method Questionnaire

ASMA-ANTI SMOOTTH MUSCLE ANTIBODY (IFA 03*)

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

Please tick ☐ following.

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

Processing: (To be filled by participant).

1. Processing methodology used: Automated ☐ Manual ☐

2. Suggested Processing Protocol :

Sample + PBS (1:100)
↓
ANA slide
↓
Incubation (30 minutes/RT)
↓
Washing with wash buffer
↓
Conjugate
↓
Incubation (30 minutes/RT)
↓
Washing with wash buffer
↓
Mount cover slip
↓
Observe under microscope

Any Other: ☐ Yes ☐ No

If Yes, specify.....

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Testing Analytes & Method Questionnaire

AGPCA-ANTI GASTRIC PARIETALCELL ANTIBODY (IFA 04*)

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

Please tick ☐ following.

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

Processing: (To be filled by participant).

1. Processing methodology used: Automated ☐ Manual ☐

2. Suggested Processing Protocol :

Sample + PBS (1:100)
↓
ANA slide
↓
Incubation (30 minutes/RT)
↓
Washing with wash buffer
↓
Conjugate
↓
Incubation (30 minutes/RT)
↓
Washing with wash buffer
↓
Mount cover slip
↓
Observe under microscope

Any Other: ☐ Yes ☐ No

If Yes, specify.....

Date:

Stamped & Signed By
Authorised Signatory

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Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

AEA-ANTI ENDOMYSIUM ANTIBODY (IFA 05*)

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

Please tick ☐ following.

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

Processing: (To be filled by participant).

1. Processing methodology used: Automated ☐ Manual ☐

2. Suggested Processing Protocol :

Sample + PBS (1:10)
↓
ANA slide
↓
Incubation (30 minutes/RT)
↓
Washing with wash buffer
↓
Conjugate
↓
Incubation (30 minutes/RT)
↓
Washing with wash buffer
↓
Mount cover slip
↓
Observe under microscope

Any Other: ☐ Yes ☐ No

If Yes, specify.....

Date:

Stamped & Signed By
Authorised Signatory

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Cycle 15 - 2026

Testing Analytes & Method Questionnaire

ANA PROFILE (Line Blot)

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

Method : Lineblot

Name of assay: ☐

Manufacturer: ☐

Conjugates : IgG

Parameter :

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

Date:

Stamped & Signed By
Authorised Signatory

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Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

HISTOPATHOLOGY (HISTO-01)

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

Please tick ☐ following.

HISTOPATHOLOGY

Part A: Pre-analytical

The participants shall provide only **one slide** having Two tissue (Tissue A and Tissue B) as per the histopathology instruction sheet for pre-analytical evaluation.

The type of the tissue provided by the participant for the round.

Tissue A: _____

Tissue B: _____

Note:

1. ***Tissue type "A" any one of Small Tissue:*** *Skin,/ Endoscopic/, Cervical/Endometrial/ Cystoscopy/ Needle Liver / Kidney Biopsy.*
2. ***Tissue type "B" any one of Medium to Large Size Tissue:*** *Bowel wall,/Gall Bladder/ Uterus /Ovary/Thyroid/ Lymph Node/Kidney Tumor, Lungs Specimen, Liver Resection, Spleen Resection*

Slide Labelling Instruction: Label the slide as follows:

RML QAP/HISTO-A
R-1/C-14
Lab Id: _____

DO NOT WRITE ANY OTHER INFORMATION ON THE SLIDE LABEL.

Slide Dispatch Instructions :

a. Place the slide in slide flyer
b. Adequately bubble wrap the slide flyer.
c. Put it in cardboard box and courier it on following address :

" RML QAP HISTO-PART-A
B-171, Nirala Nagar, Lucknow-226020, UP, India. "

Share your Slide Dispatch Details at our Email : **qap@rmlqap.com**

Date:

Stamped & Signed By
Authorised Signatory

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Cycle 15 - 2026

Testing Analytes & Method Questionnaire

HISTOPATHOLOGY (HISTO-02)

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

Please tick ☐ following.

SPECIAL STAIN

Van Gieson's (VG) Stain

Reagent In-house ☐ Purchased ☐

If purchased, mention reagent details _____

Methodology used Automatic ☐ Manual ☐

If automated name of the instrument _____

Protocol_____

Masson's Trichrome

Reagent In-house ☐ Purchased ☐

If purchased, mention reagent details _____

Methodology used Automatic ☐ Manual ☐

If automated name of the instrument _____

Protocol_____

Date:

Stamped & Signed By
Authorised Signatory

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Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

HISTOPATHOLOGY (HISTO-02)

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

Please tick ☐ following.

SPECIAL STAIN

PAS (Periodic Acid-Schiff)

Reagent In-house ☐ Purchased ☐

If purchased, mention reagent details _____

Methodology used Automatic ☐ Manual ☐

If automated name of the instrument _____

Protocol_____

RETICULIN

Reagent In-house ☐ Purchased ☐

If purchased, mention reagent details _____

Methodology used Automatic ☐ Manual ☐

If automated name of the instrument _____

Protocol_____

Date:

Stamped & Signed By
Authorised Signatory

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Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

DIGITAL HISTOPATHOLOGY (HISTO-03*)

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

DIGITAL HISTOPATHOLOGY

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

Date:

Stamped & Signed By

Authorised Signatory

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Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

BREAST IHC MODULE (HISTO IHC-00)

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

Please tick ☐ following.

Estrogen Receptor- Alpha (ER-α)

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

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

RML

Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

BREAST IHC MODULE (HISTO IHC-00)

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

Please tick ☐ following.

Progesterone Receptor (PR)

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

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

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Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

BREAST IHC MODULE (HISTO IHC-00)

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

Please tick ☐ following.

HER2/neu

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

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

RML

Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-01)

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

Please tick ☐ following.

PAN CYTOKERATIN (PCK)

(A) Methodology used Manual ☐

Automatic ☐ Instrument Name & Manufacture's Name _____

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

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Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-02)

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

Please tick ☐ following.

CK - 7

(A) Methodology used Manual ☐

Automatic ☐ Instrument Name & Manufacture's Name _____

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

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Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-03)

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

Please tick ☐ following.

CK - 20

(A) Methodology used Manual ☐

Automatic ☐ Instrument Name & Manufacture's Name _____

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

RML

Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-04)

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

Please tick ☐ following.

CK - 5/6

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

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

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Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-05)

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

Please tick ☐ following.

P - 63

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

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

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Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-06)

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

Please tick ☐ following.

VIMENTINE

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

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

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Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-07)

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

Please tick ☐ following.

DESMIN

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

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

RML

Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-08)

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

Please tick ☐ following.

GATA 3

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

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

RML

Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-09)

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

Please tick ☐ following.

S - 100

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

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

RML

Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-10)

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

Please tick ☐ following.

CD - 45 (LCA)

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

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

RML

Quality Assurance Program

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Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-11)

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

Please tick ☐ following.

CD - 3

(A) Methodology used Manual ☐

Automatic ☐ Instrument Name & Manufacture's Name _____

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

RML

Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-12)

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

Please tick ☐ following.

CD - 20

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

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

RML Quality Assurance Program

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Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-13)

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

Please tick ☐ following.

CD - 68

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

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

Quality Assurance Program

RML

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-14)

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

Please tick ☐ following.

CD - 34

(A) Methodology used Manual ☐

Automatic ☐ Instrument Name & Manufacture's Name _____

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

RML

Quality Assurance Program

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Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-15)

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

Please tick ☐ following.

BCL 2

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

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

RML

Quality Assurance Program

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Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-16)

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

Please tick ☐ following.

BCL 6

(A) Methodology used Manual ☐

Automatic ☐ Instrument Name & Manufacture's Name _____

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

RML

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Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-17)

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

Please tick ☐ following.

NAPSIN - A

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

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

RML

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Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-18)

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

Please tick ☐ following.

CHROMOGENIN A

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

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

RML

Quality Assurance Program

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Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-19)

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

Please tick ☐ following.

SYNAPTOPHYSIN

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

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

RML

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Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-20)

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

Please tick ☐ following.

PAX 5

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

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

RML

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Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-21)

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

Please tick ☐ following.

CEA

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

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

RML

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Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE (HISTO IHC-22)

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

Please tick ☐ following.

Ki67

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

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

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Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

PROSTATE IHC MODULE (HISTO IHC-23)

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

Please tick ☐ following.

p63

(A) Methodology used Manual ☐

Automatic ☐ Instrument Name & Manufacture's Name _____

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

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Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

PROSTATE IHC MODULE (HISTO IHC-23)

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

Please tick ☐ following.

CK5/6

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

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

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Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

PROSTATE IHC MODULE (HISTO IHC-23)

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

Please tick ☐ following.

AMACR

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

(B) Antibody Details

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

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

Expiry Date ☐ If Concentrated, Mention Dilution Factor used ☐

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

Incubation time Primary Antibody ☐ min

(C) Dewaxing Temperature ☐ °C Dewaxing Duration ☐ min

(D) Method of Epitope Retrieval

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

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

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

Peak Pressure ☐ (For those using pressurized system) Duration ☐ min

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

(c) None ☐

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

pH of retrieval buffer ☐

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

(G) Wash solution ☐

(H) Detection system

Name ☐ Company _____ Cat.No: ☐

Date Manufacture ☐ Expiry Date ☐

Incubation time Secondary Antibody ☐ min Incubation time Chromogen -Substrate ☐ min

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

(J) Counter Stain Detail

Name ☐ Duration ☐ min Manufacturer ☐

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Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

CYTOPATHOLOGY (CYTO)

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

CYTOPATHOLOGY

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

Date:

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Cycle 15 - 2026

Testing Analytes & Method Questionnaire

SARS-CoV-2 (MOL PCR-00)

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

Please tick ☐ as appropriate.

SARS-CoV-2

Method:

SARS-CoV-2

a) RT-PCR ☐ b) CBNAAT ☐

Kit Details of RT-PCR:

Kit Name:

Gene Detected: E ☐ RdRP ☐ S ☐ N ☐ ORF1ab ☐ RNase P ☐

Nucleic AcidExtractionMethod: _____

Manual / Automated (Name of Plateform:) _____

Nucleic AcidExtractionMethod: _____

Extraction/ Amplification Control Used : Yes ☐ No ☐

Real Time PCR Machine Used: _____

CBNAAT Details:

Kit Name:

Gene Detected: E ☐ RdRP ☐ S ☐ N ☐ ORF1ab ☐ RNase P ☐

Date:

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Testing Analytes & Method Questionnaire

HBV DNA (MOL PCR-01)

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

Please tick ☐ as appropriate.

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

Date:

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Testing Analytes & Method Questionnaire

HCV RNA (MOL PCR-02)

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

Please tick ☐ as appropriate.

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

Date:

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Cycle 15 - 2026

Testing Analytes & Method Questionnaire

DENGUE (MOL PCR-03)

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

Please tick ☐ as appropriate.

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

Date:

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Testing Analytes & Method Questionnaire

CHIKUNGUNYA (MOL PCR-04)

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

Please tick ☐ as appropriate.

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

Date:

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Testing Analytes & Method Questionnaire

HPV DNA (MOL PCR-05)

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

Please tick ☐ as appropriate.

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

CBNAAT/ TrueNAT / GeneXpert Details:

If CBNAAT/ TrueNAT / GeneXpert method used, please mention details here .....

.....

Instrument Details : .....

Kit Details : .....

Date:

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Testing Analytes & Method Questionnaire

MTB DNA (MOL PCR-06)

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

Please tick ☐ as appropriate.

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

CBNAAT/ TrueNAT / GeneXpert Details:

If CBNAAT/ TrueNAT / GeneXpert method used, please mention details here .....

.....

Instrument Details : .....

Kit Details : .....

Date:

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Cycle 15 - 2026

Testing Analytes & Method Questionnaire

NTM DNA (MOL PCR-07)

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

Please tick as appropriate.

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

CBNAAT/ TrueNAT / GeneXpert Details:

If CBNAAT/ TrueNAT / GeneXpert method used, please mention details here .....

.....

Instrument Details : .....

Kit Details : .....

Date:

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Cycle 15 - 2026

Testing Analytes & Method Questionnaire

HLA-B27 DNA (MOL PCR-08)

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

Please tick ☐ as appropriate.

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

CBNAAT/ TrueNAT / GeneXpert Details:

If CBNAAT/ TrueNAT / GeneXpert method used, please mention details here .....

.....

Instrument Details : .....

Kit Details : .....

Date:

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Cycle 15 - 2026

Testing Analytes & Method Questionnaire

PCR MALARIA (MOL PCR-09)

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

Please tick ☐ as appropriate.

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

Date:

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Cycle 15 - 2026

Testing Analytes & Method Questionnaire

RESPIRATORY RNA FLU PANEL (MOL PCR-10)

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

Please tick ☐ as appropriate.

Test name	Nucleic acid extraction Instrument/Kit details	RT-PCR Instrument Name/model
INFLUENZA-A	1. Manual ☐ 2.Automatic ☐ If automatic, Mention the Instrument Name a. Qiagen QiaCube ☐ b. Roche MagNA Pure ☐ c. Thermo Kingfisherflex ☐ d. Other ☐ If other, mention manufacturer & model name..... ..... **Nucleic acid Extraction kit details** Kit Name: ..... Cat No:	1. Agilent AriaMX ☐ 2. BioRad CFX 96 ☐ 3. Roche LightCycler ☐ 4. Thermo QuantStudio ☐ 5. Other If other, mention manufacturer & model name..... ..... **Real-Time PCR kit details** Kit Name: ..... Cat No: .....
INFLUENZA-B	1. Manual ☐ 2.Automatic ☐ If automatic, Mention the Instrument Name a. Qiagen QiaCube ☐ b. Roche MagNA Pure ☐ c. Thermo Kingfisherflex ☐ d. Other ☐ If other, mention manufacturer & model name..... ..... **Nucleic acid Extraction kit details** Kit Name: ..... Cat No:	1. Agilent AriaMX ☐ 2. BioRad CFX 96 ☐ 3. Roche LightCycler ☐ 4. Thermo QuantStudio ☐ 5. Other If other, mention manufacturer & model name..... ..... **Real-Time PCR kit details** Kit Name: ..... Cat No: .....
H1N1	1. Manual ☐ 2.Automatic ☐ If automatic, Mention the Instrument Name a. Qiagen QiaCube ☐ b. Roche MagNA Pure ☐ c. Thermo Kingfisherflex ☐ d. Other ☐ If other, mention manufacturer & model name..... ..... **Nucleic acid Extraction kit details** Kit Name: ..... Cat No:	1. Agilent AriaMX ☐ 2. BioRad CFX 96 ☐ 3. Roche LightCycler ☐ 4. Thermo QuantStudio ☐ 5. Other If other, mention manufacturer & model name..... ..... **Real-Time PCR kit details** Kit Name: ..... Cat No: .....

RML Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

RESPIRATORY RNA FLU PANEL (MOL PCR-10)

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

Please tick ☐ as appropriate.

Test name	Nucleic acid extraction Instrument/Kit details	RT-PCR Instrument Name/model
H3N2	1. Manual ☐ 2.Automatic ☐ If automatic, Mention the Instrument Name a. Qiagen QiaCube ☐ b. Roche MagNA Pure ☐ c. Thermo Kingfisherflex ☐ d. Other ☐ If other, mention manufacturer & model name..... ..... **Nucleic acid Extraction kit details** Kit Name: ..... Cat No:	1. Agilent AriaMX ☐ 2. BioRad CFX 96 ☐ 3. Roche LightCycler ☐ 4. Thermo QuantStudio ☐ 5. Other If other, mention manufacturer & model name..... ..... **Real-Time PCR kit details** Kit Name: ..... Cat No: .....
RSV	1. Manual ☐ 2.Automatic ☐ If automatic, Mention the Instrument Name a. Qiagen QiaCube ☐ b. Roche MagNA Pure ☐ c. Thermo Kingfisherflex ☐ d. Other ☐ If other, mention manufacturer & model name..... ..... **Nucleic acid Extraction kit details** Kit Name: ..... Cat No:	1. Agilent AriaMX ☐ 2. BioRad CFX 96 ☐ 3. Roche LightCycler ☐ 4. Thermo QuantStudio ☐ 5. Other If other, mention manufacturer & model name..... ..... **Real-Time PCR kit details** Kit Name: ..... Cat No: .....

Date:

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Cycle 15 - 2026

Testing Analytes & Method Questionnaire

BCR-ABL QUANTITATIVE (MOL PCR-11*)

Sample type/distribution: Lyophilized sample shall be provided to the participating Lab two times per cycle. ☐

Programme objective: To assess a laboratory's ability to accurately quantify the major (p210) BCR/ABL1 transcript at clinically relevant disease monitoring levels, using molecular methods.

Please tick ☐ as appropriate.

Test name	Nucleic acid extraction Instrument/Kit details	RT-PCR Instrument Name/model
BCR-ABL1 Major Quantitative	1. Manual ☐ 2.Automatic ☐ If automatic, Mention the Instrument Name a. Qiagen QiaCube ☐ b. Roche MagNA Pure ☐ c. Thermo Kingfisherflex ☐ d. Other ☐ If other, mention manufacturer & model name..... ..... Nucleic acid Extraction kit details Kit Name: ..... Cat No:	1. Cepheid GeneXpert ☐ 2. Agilent AriaMX ☐ 3. BioRad CFX 96 ☐ 4. Roche LightCycler ☐ 5. Thermo QuantStudio ☐ 6. Other ☐ If other, mention manufacturer & model name..... ..... Real-Time PCR kit details Kit Name: ..... Cat No: .....

Date:

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Quality Assurance Program

Cycle 15 - 2026

Testing Analytes & Method Questionnaire

FLOW CYTOMETRY CD4 & CD8 (FLOW-01)

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

CD4 & CD8

Instrument name: _____ Make and Model: _____

Manufacturer of the Antibody: _____

Antibody Combination: _____

Panel used with the Dyes: _____

Gating Strategy:

1. CD45/SSC ☐
2. FSC/SSC ☐
3. CD3 ☐
4. Panleucogate ☐
5. Other _____

Platform

1. Single ☐
2. Dual ☐

Absolute Count Beads:

1. Trucount ☐
2. Flowcount ☐
3. Reference beads ☐
4. Volumetric ☐
5. Other _____

*Instrument Name: _____
(Used for CBC)

Make and Model: _____

*If the absolute count are derived from CBC, mention the machine used for CBC

CD Markers Used	Flurochrome	Clone
CD45:		
CD3:		
CD4:		
CD8:		

Date:

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