RML

Quality Assurance Program

Cycle 16 - 2027

Testing Analytes & Method Questionnaire

BASIC CLINICAL BIOCHEMISTRY (BIO-01)

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

Lyophilized 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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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
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) ☐

Lyophilized 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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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
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) ☐

Lyophilized 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) ☐

Lyophilized 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) ☐

Lyophilized 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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RML Quality Assurance Program

Cycle 16 - 2027

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) ☐

Lyophilized 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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Quality Assurance Program

Cycle 16 - 2027

Testing Analytes & Method Questionnaire

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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Cycle 16 - 2027

Testing Analytes & Method Questionnaire

EXTENDED IMMUNOLOGY PROGRAM (IMMUNO-02)

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

Lyophilized 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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Cycle 16 - 2027

Testing Analytes & Method Questionnaire

EXTENDED IMMUNOLOGY PROGRAM (IMMUNO-02)

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

Lyophilized 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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EXTENDED IMMUNOLOGY PROGRAM (IMMUNO-02)

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

Lyophilized 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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EXTENDED IMMUNOLOGY PROGRAM (IMMUNO-02)

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

Lyophilized 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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Testing Analytes & Method Questionnaire

EXTENDED IMMUNOLOGY PROGRAM (IMMUNO-02)

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

Lyophilized 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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Testing Analytes & Method Questionnaire

EXTENDED IMMUNOLOGY PROGRAM (IMMUNO-02)

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

Lyophilized 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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Testing Analytes & Method Questionnaire

EXTENDED IMMUNOLOGY PROGRAM (IMMUNO-02)

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

Lyophilized 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) ☐

Lyophilized 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) ☐

Lyophilized 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) ☐

Lyophilized 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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Cycle 16 - 2027

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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Quality Assurance Program

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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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Cycle 16 - 2027

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

MYASTHENIA GRAVIS ANTIBODY PROGRAM (SERO-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 ☐ following.

Test Parameters	Methodology	Instrument Make &	Model	Operation
1. Anti-ACh Receptor IgG				Manual ☐ Automated ☐
2. Anti-MuSK Antibody IgG				Manual ☐ Automated ☐

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Testing Analytes & Method Questionnaire

NEUTROPHIL ANTIBODY PROGRAM (SERO-07*)

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-PR3			_____	Manual ☐ Automated ☐
2. Anti-MPO			_____	Manual ☐ Automated ☐

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Testing Analytes & Method Questionnaire

IMMUNOGLOBULIN PROGRAM (SERO-08*)

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. Immunoglobulin IgG	1) Chemiluminescence ☐ 2) EIA ☐ 3) FIA ☐ 4) Electrochemiluminescence ☐ 5) Immunoturbidimetric ☐ 6) Nephelometry ☐ 7) ELISA ☐ 8) Other: _____ ☐	1) Abbott ☐ —— 2) Beckman ☐ —— 3) bioMérieux VIDAS ☐ —— 4) Fujirebio LUMIPULSE ☐ —— 5) Roche ☐ —— 6) Siemens ☐ —— 7) Tosoh AIA ☐ —— 8) VITROS MICROWELL Series ☐ —— 9) Other: _____ ☐ ——	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	IU/mL ☐ mg/dL ☐ Other: ☐
2. Immunoglobulin IgA	1) Chemiluminescence ☐ 2) EIA ☐ 3) FIA ☐ 4) Electrochemiluminescence ☐ 5) Immunoturbidimetric ☐ 6) Nephelometry ☐ 7) ELISA ☐ 8) Other: _____ ☐	1) Abbott ☐ —— 2) Beckman ☐ —— 3) bioMérieux VIDAS ☐ —— 4) Fujirebio LUMIPULSE ☐ —— 5) Roche ☐ —— 6) Siemens ☐ —— 7) Tosoh AIA ☐ —— 8) VITROS MICROWELL Series ☐ —— 9) Other: _____ ☐ ——	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	IU/mL ☐ mg/dL ☐ Other: ☐
3. Immunoglobulin IgM	1) Chemiluminescence ☐ 2) EIA ☐ 3) FIA ☐ 4) Electrochemiluminescence ☐ 5) Immunoturbidimetric ☐ 6) Nephelometry ☐ 7) ELISA ☐ 8) Other: _____ ☐	1) Abbott ☐ —— 2) Beckman ☐ —— 3) bioMérieux VIDAS ☐ —— 4) Fujirebio LUMIPULSE ☐ —— 5) Roche ☐ —— 6) Siemens ☐ —— 7) Tosoh AIA ☐ —— 8) VITROS MICROWELL Series ☐ —— 9) Other: _____ ☐ ——	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	IU/mL ☐ mg/dL ☐ Other: ☐

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Testing Analytes & Method Questionnaire

FREE LIGHT CHAIN PROGRAM (SERUM) (SERO-09*)

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. Serum Free Light Chain Kappa (κ)	1) Chemiluminescence ☐ 2) Nephelometry ☐ 3) ELISA / EIA ☐ 4) CLIA ☐ 5) Multiplex immunoassay ☐ 6) Other: _____ ☐	1) The Binding Site / Thermo Fisher ☐ —— 2) Siemens Healthineers ☐ —— 3) Sebia ☐ —— 4) Diazyme ☐ —— 5) Beckman Coulter ☐ —— 6) Roche ☐ —— 7) Abbott ☐ —— 8) Other: _____ ☐ ——	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	IU/mL ☐ mg/dL ☐ Other: ☐
2. Serum Free Light Chain Lambda (λ)	1) Chemiluminescence ☐ 2) Nephelometry ☐ 3) ELISA / EIA ☐ 4) CLIA ☐ 5) Multiplex immunoassay ☐ 6) Other: _____ ☐	1) The Binding Site / Thermo Fisher ☐ —— 2) Siemens Healthineers ☐ —— 3) Sebia ☐ —— 4) Diazyme ☐ —— 5) Beckman Coulter ☐ —— 6) Roche ☐ —— 7) Abbott ☐ —— 8) Other: _____ ☐ ——	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	IU/mL ☐ mg/dL ☐ Other: ☐

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Testing Analytes & Method Questionnaire

RHEUMATOID ARTHRITIS PROGRAM (SERO-10*)

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. Rheumatoid Factor IgM / IgG Assay target: ☐ IgM ☐ IgG ☐ Total RF	1) Latex agglutination	☐	1) Abbott	☐ ____	Manual	☐	IU/mL	☐
	2) Immunoturbidimetry	☐	2) Beckman Coulter	☐ ____	Auto	☐	U/mL	☐
	3) Nephelometry	☐	3) Roche	☐ ____	Semi Auto	☐	AU/mL	☐
	4) ELISA / EIA	☐	4) Siemens	☐ ____	Others	☐	Other:	☐
	5) ELISA / EIA	☐	5) Thermo Fisher / Phadia	☐ ____			____	
	6) ECLIA	☐	6) Bio-Rad	☐ ____				
	7) Multiplex immunoassay	☐	7) EUROIMMUN	☐ ____				
	8) Other: _____	☐	8) Werfen / INOVA	☐ ____				
			9) Other: _____	☐ ____				
1. Anti-CCP Antibody	1) Latex agglutination	☐	1) Abbott	☐ ____	Manual	☐	IU/mL	☐
	2) Immunoturbidimetry	☐	2) Beckman Coulter	☐ ____	Auto	☐	U/mL	☐
	3) Nephelometry	☐	3) Roche	☐ ____	Semi Auto	☐	AU/mL	☐
	4) ELISA / EIA	☐	4) Siemens	☐ ____	Others	☐	Other:	☐
	5) ELISA / EIA	☐	5) Thermo Fisher / Phadia	☐ ____			____	
	6) ECLIA	☐	6) Bio-Rad	☐ ____				
	7) Multiplex immunoassay	☐	7) EUROIMMUN	☐ ____				
	8) Other: _____	☐	8) Werfen / INOVA	☐ ____				
			9) Other: _____	☐ ____				

Note: For Rheumatoid Factor, tick the actual assay target (IgM, IgG or total RF). Total RF measurements must not be treated as separate class-specific RF-IgM/RF-IgG results.

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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. WBC	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. RBC	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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Cycle 16 - 2027

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) ☐

Lyophilized 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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Cycle 15 - 2027

Testing Analytes & Method Questionnaire

ABO-Rh PROGRAM (HEMAT-05)

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

Lyophilized 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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Cycle 16 - 2027

Testing Analytes & Method Questionnaire

DIRECT-COOMBS TEST (HEMAT-06)

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

Lyophilized 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

MYELOMA QAP PROGRAM (HEMAT-07*)

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

Serum sample shall be provided to the participant for testing the following analytes.
Please tick ☐ following Method.

Analyte Name	Methodology	Instrument Make & Model	Operation	Unit
1. Serum Protein Electrophoresis (SPE) **Report includes:** ☐ Fractions ☐ M-band detected ☐ M-band quantity	1. Agarose gel Electrophoresis ☐ 2. Capillary zone Electrophoresis ☐ 3. Other (specify): ____ ☐	1. Sebia ☐ ____ 2. Helena ☐ ____ 3. Interlab ☐ ____ 4. Beckman Coulter ☐ ____ 5. Other (specify): ___ ☐ ____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	Fraction % ☐ g/dL ☐ g/L ☐ Other: ☐ ____
2. Immunoglobulin (IgG, IgM, IgA, Kappa, Lambda)	1) Chemiluminescence ☐ 2) EIA ☐ 3) FIA ☐ 4) Electrochemiluminescence ☐ 5) Immunoturbidimetric ☐ 6) Nephelometry ☐ 7) ELISA ☐ 8) Other: _____ ☐	1) Abbott ☐ ____ 2) Beckman ☐ ____ 3) bioMérieux VIDAS ☐ ____ 4) Fujirebio LUMIPULSE ☐ ____ 5) Roche ☐ ____ 6) Siemens ☐ ____ 7) Tosoh AIA ☐ ____ 8) VITROS MICROWELL Series ☐ ____ 9) Other: _____ ☐ ____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	IU/mL ☐ mg/dL ☐ Other: ☐
3. Serum Free Light Chain Kappa (κ) & Lambda (λ)	1) Chemiluminescence ☐ 2) Nephelometry ☐ 3) ELISA / EIA ☐ 4) CLIA ☐ 5) Multiplex immunoassay ☐ 6) Other: _____ ☐	1) The Binding Site / Thermo Fisher ☐ ____ 2) Siemens Healthineers ☐ ____ 3) Sebia ☐ ____ 4) Diazyme ☐ ____ 5) Beckman Coulter ☐ ____ 6) Roche ☐ ____ 7) Abbott ☐ ____ 8) Other: _____ ☐ ____ ☐ ____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	IU/mL ☐ mg/dL ☐ Other: ☐

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Testing Analytes & Method Questionnaire

DIRECT-COOMBS TEST (HEMAT-07*)

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

Lyophilized 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
4. Beta-2 Microglobulin (Serum)	1) Chemiluminescence ☐ 2) Nephelometry ☐ 3) ELISA / EIA ☐ 4) CLIA ☐ 5) Multiplex immunoassay ☐ 6) Other: _____ ☐	1) The Binding Site / Thermo Fisher ☐ ____ 2) Siemens Healthineers ☐ ____ 3) Sebia ☐ ____ 4) Diazyme ☐ ____ 5) Beckman Coulter ☐ ____ 6) Roche ☐ ____ 7) Abbott ☐ ____ 8) Other: _____ ☐ ____ ☐ ____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	IU/mL ☐ mg/dL ☐ Other: ☐

5. Immunofixation (Serum) **Report includes:** ☐ IgG/IgA/IgM ☐ Kappa/Lambda	1. Agarose gel IFE ☐ 2. Immunosubtraction ☐ 3. Other (specify): ____ ☐	1. Sebia ☐ ____ 2. Helena ☐ ____ 3. Interlab ☐ ____ 4. Other (specify): ___ ☐ ____	Manual ☐ Auto ☐ Semi Auto ☐ Others ☐	Qualitative ☐ Band Type ☐ Other: ☐ ____

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Testing Analytes & Method Questionnaire

FCM- (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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Testing Analytes & Method Questionnaire

FCM LYMPHOCYTE SUBSET ANALYSIS BASIC PROFILE (FLOW-02*)

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

Lymphocyte Subset Analysis Basic Profile

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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Testing Analytes & Method Questionnaire

FCM LYMPHOCYTE SUBSET ANALYSIS ADVANCED PROFILE (FLOW-03*)

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

FCM Lymphocyte Subset Analysis Advanced Profile

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
CD3:		
CD4:		
CD8:		
CD45:		
CD16:		
CD19:		
CD56:		

Date:

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Testing Analytes & Method Questionnaire

FCM CD-34 STEM CELL ENUMERATION (FLOW-04*)

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

CD34 STEM CELL ENUMERATION

Instrument name: _____ Make and Model: _____

Manufacturer of the Antibody: _____

Kit / Assay Name: _____ Analysis Software: _____

Routine Specimen: ☐ Peripheral blood ☐ Apheresis ☐ Other: _____

Counting Platform: ☐ Single (beads) ☐ Dual (CBC) ☐ Other: _____

Counting beads / Manufacture: _____

CBC analyser (dual platform): _____

Prepration: ☐ Lyse / no-wash ☐ Other: _____

Viability-dye: ☐ 7-AAD ☐ Other: _____ ☐ Not used

Gating strategy used (tick applicable):

☐ ISHAGE sequential / Boolean ☐ Other: _____

Minimum acquisition target: CD34+ events: _____ CD45+ events: _____

Replicates / acceptance criterion: _____

Reported: ☐ CD34+ cells/uL ☐ CD34+ % ☐ Viability %

CD Markers Used	Flurochrome	Clone
CD34:		
CD45:		
Viability dye:		

Date:

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Testing Analytes & Method Questionnaire

FCM HLA (B-27) (FLOW-05*)

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

HLA (B-27) - Qualitative Method Questionnaire

Method Used

☐ Dual-color flow cytometry ☐ Multi-color flow cytometry

☐ Other (Specify): _____

Kit / Reagent Used

Kit / Reagent name: _____

Manufacture: _____

Catalogue no.: _____ Lot no.: _____

Instrument / Platform Used

Flow cytometer / model: _____

Manufacturer: _____ Lot no.: _____

Antibody / Reagent	Flurochrome	Clone
Anti-HLA-B27		
CD3 (if used)		
CD45 (if used)		
Anti-HLA-B7 (if used)		

Gating Used (tick applicable)

☐ CD3+ T lymphocytes ☐ CD45-bright / low SSC lymphocytes

☐ Scatter only ☐ Other: _____

Routine Reporting Categories Used

☐ Positive ☐ Negative ☐ Grey Zone

Decision cutoff / gray zone (assay-specific): _____

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Testing Analytes & Method Questionnaire

FCM LEUKEMIA-LYMPHOMA (FLOW-06*)

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

IMMUNOPHENOTYPING PROGRAM LEUKEMIA-LYMPHOMA

Reporting capability: ☐ Qualitative ☐ Quantitative ☐ both

Application: ☐ Diagnosis ☐ MRD (if applicable) ☐ both

Name of Instrument / Model: _____

Configuration (lasers / colors): _____

Acquisition software / version: _____

Analysis software / version: _____

Kit / reagent manufacturer(s): _____

Antibody Panel _____

Method:

☐ Stain-lyse-wash ☐ Lyse-no-wash ☐ Other: _____

Viability assessed: ☐ Yes ☐ No

Viability dye ☐ 7-AAD ☐ Other

Date:

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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

ANA PROFILE (Line Blot) LIA- 01

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
- ☐ P0 (RPP)
- ☐ PM-Scl
- ☐ SS-A/R060
- ☐ Mi-2
- ☐ Ku
- ☐ SS-A/Ro52
- ☐ DFS70

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Testing Analytes & Method Questionnaire

INFLAMMATORY MYOSITIS PROFILE (Line Blot) LIA- 02*

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

Method : Lineblot

Name of assay: ☐

Manufacturer: ☐

Conjugates : IgG

Parameter :

- ☐ Mi-2α
- ☐ Mi-2β
- ☐ TIF 1γ
- ☐ MDA5
- ☐ NXP2
- ☐ SAE1
- ☐ Ku
- ☐ PM-Scl 100
- ☐ Jo-1
- ☐ PM-Scl75
- ☐ SRP
- ☐ PL-7
- ☐ PL-12
- ☐ EJ
- ☐ OJ
- ☐ Ro-52

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Testing Analytes & Method Questionnaire

AUTOIMMUNE LIVER PROFILE
(Line Blot) LIA- 03*

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

Method : Lineblot

Name of assay: ☐

Manufacturer: ☐

Conjugates : IgG

Parameter :

- ☐ AMA-M2
- ☐ LKM-1
- ☐ LC-1
- ☐ SLA/LP

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Testing Analytes & Method Questionnaire

PARANEOPLASTIC PROFILE (Line Blot) LIA- 04*

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

Method : Lineblot

Name of assay: ☐

Manufacturer: ☐

Conjugates : IgG

Parameter :

- ☐ Amphiphysin
- ☐ CV2
- ☐ PNMA2 (MA2/Ta)
- ☐ Ri
- ☐ Yo
- ☐ Hu
- ☐ Recoverin
- ☐ SOX1
- ☐ Titin
- ☐ Zic4
- ☐ GAD65
- ☐ Tr (DNER)

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Testing Analytes & Method Questionnaire

GANGLIOSIDE PROFILE (Line Blot) LIA- 05*

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

Method : Lineblot

Name of assay: ☐

Manufacturer: ☐

Conjugates : ☐ IgG ☐ IgM ☐ IgG/IgM Other: ———

Parameter :

- ☐ Monosialoganglioside GM-1
- ☐ Monosialoganglioside GM-2
- ☐ Monosialoganglioside GM-3
- ☐ Disialoganglioside GD-1a
- ☐ Disialoganglioside GD-1b
- ☐ Trisialoganglioside GT-1b
- ☐ Trisialoganglioside GQ-1b

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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 SMOOTH 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:

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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:

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Testing Analytes & Method Questionnaire

AQUAPORIN AND MOG ANTIBODY (IFA- 06*)

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

Please tick the applicable boxes and provide the method details for each assay performed.

1. TEST PARAMETERS

Analyte/ IFA Pattern	Kit / substrate used	Initial dilution
☐ Aquaporin-4 antibody (AQP4-Ab)		
☐ Myelin oligodendrocyte glycoprotein antibody (MOG-Ab)		

2. PROCESSING (TO BE FILLED BY PARTICIPANT)

Processing methodology ☐ Automated ☐ Manual ☐ Semi- Automated ☐ Other: _____

Assay principle: _____

Kit name / manufacturer: _____

Instrument / microscope make & model: _____

Reading / interpretation mode: ☐ Fluorescence microscopy ☐ Automated fluorescence imaging ☐ Other: _____

Result format: ☐ Qualitative result (positive/negative) ☐ End-point titre ☐ Other:

3. SUGGESTED PROCESSING WORKFLOW

Assay-specific dilution, incubation and controls must follow the validated kit IFU / laboratory SOP.

Dilute sample according to assay-specific instructions
↓
Apply to AQP4- or MOG-expressing substrate
↓
Incubate at kit-defined conditions; wash
↓
Add validated fluorescent conjugate; incubate and wash
↓
Mount/prepare slide, assess antigen-specific fluorescence
↓
Report AQP4-Ab and MOG-Ab separately

4. ADDITIONAL METHOD INFORMATION

Any other processing variation: ☐ Yes ☐ No If yes, specify: _____

Cell-based indirect immunofluorescence is commonly used for these antibodies; record the validated assay format actually used.

Date:

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Testing Analytes & Method Questionnaire

ANTI- NEUTROPHIL ANTIBODIES (IFA- 07*)

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

Please tick the applicable boxes and provide the method details for each assay performed.

1. TEST PARAMETERS

Analyte/ IFA Pattern	Kit / substrate used	Initial dilution
☐ Cytoplasmic ANCA pattern (c-ANCA)	_____	_____
☐ Perinuclear ANCA pattern (p-ANCA)	_____	_____

2. PROCESSING (TO BE FILLED BY PARTICIPANT)

Processing methodology ☐ Automated ☐ Manual ☐ Semi- Automated ☐ Other: _____

Assay principle: ☐ Indirect IFA on neutrophil substrate ☐ Other:

Kit name / manufacturer: _____

Instrument / microscope make & model: _____

Reading / interpretation mode: ☐ Fluorescence microscopy ☐ Automated fluorescence imaging ☐ Other: _____

Result format: ☐ Pattern identification ☐ Qualitative result ☐ Titre ☐ Other:

3. SUGGESTED PROCESSING WORKFLOW

Assay-specific dilution, incubation and controls must follow the validated kit IFU / laboratory SOP.

Dilute sample according to assay-specific instructions
↓
Apply to prepared neutrophil substrate
↓
Incubate at kit-defined conditions; wash
↓
Add fluorescent anti-human conjugate; incubate and; wash
↓
Mount slide and inspect ANCA fluorescence distribution
↓
Report c-ANCA / p-ANCA pattern as applicable

4. ADDITIONAL METHOD INFORMATION

Any other processing variation: ☐ Yes ☐ No If yes, specify: _____

Record ANCA staining patterns by indirect immunofluorescence; c-ANCA / p-ANCA are patterns, not antibody antigen specificities.

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Cycle 16 - 2027

Testing Analytes & Method Questionnaire

MYASTHENIA GRAVIS QAP (IFA- 08*)

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

Please tick the applicable boxes and provide the method details for each assay performed.

1. TEST PARAMETERS

Analyte/ IFA Pattern	Kit / substrate used	Initial dilution
☐ AChR-E IFA		
☐ AChR-G IFA		
☐ Anti-MuSK Antibody IFA		

2. PROCESSING (TO BE FILLED BY PARTICIPANT)

Processing methodology ☐ Automated ☐ Manual ☐ Semi- Automated ☐ Other: _____

Assay principle: ☐ Fixed-cell IFA/CBA ☐ Live-cell IFA/CBA ☐ Other:

Kit name / manufacturer: _____

Substrate / test system: AChR-E / AChR-G / MuSK antigen-expressing substrate, kit-defined; _____

Instrument / microscope make & model: _____

Reading / interpretation mode: ☐ Fluorescence microscopy ☐ Automated fluorescence imaging ☐ Other: _____

Result format: ☐ Qualitative result (positive/negative) ☐ End-point titre ☐ Other:

3. SUGGESTED PROCESSING WORKFLOW

Assay-specific dilution, incubation and controls must follow the validated kit IFU / laboratory SOP.

Dilute sample according to assay-specific instructions
↓
Apply to the correct AChR-E / AChR-G / MuSK IFA substrate
↓
Incubate at kit-defined conditions; wash
↓
Add validated fluorescent conjugate; incubate and wash
↓
Mount/prepare slide and inspect fluorescence
↓
Document each of the three assay results independently

4. ADDITIONAL METHOD INFORMATION

Any other processing variation: ☐ Yes ☐ No If yes, specify: _____

Preserve AChR-E and AChR-G as separate assay designations from the program list; specify the manufacturer-defined system for each.

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Testing Analytes & Method Questionnaire

IFA Pattern Recognition QAP (DIGITAL PROGRAM) (IFA- 09*)

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

Digital-only IFA image interpretation program. No physical serum processing, slide staining or mounting is required for this questionnaire.

1. DIGITAL PROGRAM PARAMETERS

Digital image category	Image set / identifiers	Included
☐ HEp-2 IFA pattern recognition	_____	_____
☐ Tissue IFA pattern recognition	_____	_____

2. DIGITAL REVIEW METHODOLOGY (TO BE FILLED BY PARTICIPANT)

Image access method: ☐ Web portal / browser ☐ Downloaded images ☐ Other: _____

Evaluation approach: ☐ Manual visual interpretation ☐ AI-assisted ☐ Both

Software / platform name & version: _____

Reporting terminology (HEp-2): ☐ ICAP / AC codes (where applicable) ☐ Other: _____

Reporting terminology (tissue): _____

3. SUGGESTED PROCESSING WORKFLOW

Open the assigned digital IFA image(s)
↓
Identify whether the image depicts HEp-2 cells or tissue
↓
Review characteristic fluorescence location, distribution and intensity
↓
Classify the IFA pattern using the applicable terminology
↓
Record pattern(s) for each assigned image using the RML-QAP response route
↓

4. ADDITIONAL METHOD INFORMATION

Were digital decision-support tools used? ☐ Yes ☐ No

If yes, software / version: _____

Other review method or limitation: _____

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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. _____

Date:

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Cycle 16 - 2027

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. _____

Date:

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Cycle 16 - 2027

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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Quality Assurance Program

Cycle 16 - 2027

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: .....

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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: .....

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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: .....

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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: .....

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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 : .....

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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 : .....

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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 : .....

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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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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: .....

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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: .....

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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: .....

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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: .....

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Testing Analytes & Method Questionnaire

MYELOPROLIFERATIVE NEOPLASM MUTATION PANEL (QUALITATIVE) (MOL PCR-12*)

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
MYELOPROLIFERATIVE NEOPLASM MUTATION PANEL (QUALITATIVE) • Jak-2 (V617F) • CALR Type-1 • CALR Type-2 • MPL (W515L) • MPL (W515K) • MPL (W515A) • MPL (S505N) • BCR-ABL (Major) • BCR-ABL (Minor)	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

TROPICAL FEVER PANEL (MOL PCR-13*)

Sample type/distributation: Sample shall be provided to the participating Lab two times per cycle. Refer to the programme information sheet for the sample type.

Programs Objective: To assess a laboratory's ability to detect and identify the tropical fever pathogens included in the programme using molecular methods.

Please tick ☐ as appropriate.

Test name	Nucleic acid extraction Instrument/Kit details	RT-PCR Instrument Name/model

Tropical Fever Panel

- Dengue virus
- Chikungunya virus
- Zika virus
- West Nile virus
- Leptospira spp.
- Salmonella enterica serovar
- Plasmodium spp.
- Rickettsia spp.

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.....

.....

PCR / RT- PCR kit details

Kit Name: .....

Cat No: .....

Date:

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Testing Analytes & Method Questionnaire

Neurotropic Viral Panel (MOL PCR-14*)

Sample type/distributation: Sample shall be provided to the participating Lab two times per cycle. Refer to the programme information sheet for the sample type.

Programs Objective: To assess a laboratory's ability to detect and identify the neurotropic viruses included in the programme using molecular methods.

Please tick ☐ as appropriate.

Test name	Nucleic acid extraction Instrument/Kit details	RT-PCR Instrument Name/model

NEUROTROPIC VIRAL Panel

- Human Adenovirus
- Enterovirus
- Human Parechovirus
- Herpes Simplex Virus 1 (HSV-1)
- Herpes Simplex Virus 2 (HSV-2)
- Human Cytomegalovirus (CMV)
- Epstein-Barr Virus (EBV)
- Varicella-Zoster Virus (VZV)
- Human Herpesvirus 6 (HHV-6)
- Human Herpesvirus 7 (HHV-7)
- Human Parvovirus B19

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.....

.....

PCR / RT- PCR kit details

Kit Name: .....

Cat No: .....

Date:

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Testing Analytes & Method Questionnaire

JAPANESE ENCEPHALITIS VIRUS RNA (MOL PCR-15*)

Sample type/distributation: Sample shall be provided to the participating Lab two times per cycle. Refer to the programme information sheet for the sample type.

Programs Objective: To assess a laboratory's ability to detect Japanese Encephalitis Virus RNA using molecular methods.

Please tick ☐ as appropriate.

Test name	Nucleic acid extraction Instrument/Kit details	RT-PCR Instrument Name/model
Japanese Encephalitis Virus RNA	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..... ..... PCR / RT- PCR kit details Kit Name: ..... Cat No: .....

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Testing Analytes & Method Questionnaire

STD PANEL (MOL PCR-16*)

Sample type/distributation: Sample shall be provided to the participating Lab two times per cycle. Refer to the programme information sheet for the sample type.

Programs Objective: To assess a laboratory's ability to detect and identify the pathogens included in the Sexually Transmitted Siseases Panel (STD Panel) using molecular methods.

Please tick ☐ as appropriate.

Test name	Nucleic acid extraction Instrument/Kit details	RT-PCR Instrument Name/model

STD Panel

- Chlamydia trachomatis
- Neisseria gonorrhoeae
- Mycoplasma genitalium
- Herpes Simplex Virus 1 (HSV-1)
- Herpes Simplex Virus 2 (HSV-2)
- Gardnerella vaginalis
- Ureaplasma urealyticum / Ureaplasma parvum
- Trichomonas vaginali

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.....

.....

PCR / RT- PCR kit details

Kit Name: .....

Cat No: .....

Date:

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Quality Assurance Program

RML

Cycle 16 - 2027

Testing Analytes & Method Questionnaire

MOLECULAR UTI PROGRAM (PCR) (MOL PCR-17*)

Sample type/distributation: Sample shall be provided to the participating Lab two times per cycle. Refer to the programme information sheet for the sample type.

Programs Objective: To assess a laboratory's ability to detect and identify the UTI pathogens and antimicrobial resistance markers included in the programme using PCR methods.

Please tick ☐ as appropriate.

Test name	Nucleic acid extraction Instrument/Kit details	RT-PCR Instrument Name/model

PART A - UTI PATHOGEN IDENTIFICATION

- Escherichia coli
- Klebsiella pneumoniae
- Klebsiella oxytoca
- Enterococcus faecalis
- Enterococcus faecium
- Proteus mirabilis
- Pseudomonas aeruginosa
- Acinetobacter baumannii
- Staphylococcus aureus
- Staphylococcus saprophyticus
- Streptococcus agalactiae
- Streptococcus pneumoniae
- Morganella morganii
- Candida albicans

PART B - ANTIMICROBIAL RESISTANCE MARKERS

- blaCTX-M
- blaTEM
- blaSHV
- blaKPC
- blaNDM
- blaVIM
- blaOXA-48
- blaIMP
- mecA
- vanA / vanB
- sul2
- dfrA1 / dfrA5

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.....

.....

1. Cepheid GeneXpert ☐
2 Agilent AriaMX ☐
3. BioRad CFX 96 ☐
4. Roche LightCycler ☐
5. Thermo QuantStudio ☐
6. Other

If other, mention manufacturer & model name.....

.....

Nucleic acid Extraction kit details

Kit Name: .....

Cat No: .....

PCR / RT- PCR kit details

Kit Name: .....

Cat No: .....

Date:

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Cycle 16 - 2027

Testing Analytes & Method Questionnaire

ACUTE LEUKEMIA MUTATION PANEL (PCR)(MOL PCR-18*)

Sample type/distributation: Sample shall be provided to the participating Lab two times per cycle. Refer to the programme information sheet for the sample type.

Programs Objective: To assess a laboratory's ability to detect the gene fusions and mutations included in the acute leukemia panel using PCR and RT-PCR methods.

Please tick ☐ as appropriate.

Test name	Nucleic acid extraction Instrument/Kit details	RT-PCR Instrument Name/model

ACUTE LEUKEMIA MUTATION PANEL

- BCR-ABL1
- TEL-AML1
- MLL-AF4
- MLL-AF6
- MLL-AF9
- MLL-AF10
- MLL-ENL
- E2A-PBX1
- PML-RARA
- CBFB-MYH11
- AML1-ETO
- FLT3
- NPM1
- C-KIT
- DEK-CAN
- SET-CAN
- RBM15-MKL1
- IDH1/2

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.....

.....

PCR / RT- PCR kit details

Kit Name: .....

Cat No: .....

Date:

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Quality Assurance Program

Cycle 16 - 2027

Testing Analytes & Method Questionnaire

Coagulation/ Thrombophilia Mutation Panel (PCR) (MOL PCR-19*)

Sample type/distributation: Sample shall be provided to the participating Lab two times per cycle. Refer to the programme information sheet for the sample type.

Programs Objective: To assess a laboratory's ability to detect and identify the tropical fever pathogens included in the programme using molecular methods.

Please tick ☐ as appropriate.

Test name	Nucleic acid extraction Instrument/Kit details	RT-PCR Instrument Name/model

COAGULATION/ THROMBOPHILIA MUTATION PANEL

- Factor V
- Factor II
- MTHFR

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.....

.....

PCR / RT- PCR kit details

Kit Name: .....

Cat No: .....

Date:

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Quality Assurance Program

Cycle 16 - 2027

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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Quality Assurance Program

Cycle 16 - 2027

Testing Analytes & Method Questionnaire

HISTOPATHOLOGY (HISTO-01)

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

Please tick ☐ following.

HISTOPATHOLOGY

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-__/C-__
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-01 (Pre-analytical)
B-171, Nirala Nagar, Lucknow-226020, UP, India. "

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

Date:

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Authorised Signatory

RML Quality Assurance Program

Cycle 16 - 2027

Testing Analytes & Method Questionnaire

HISTOCHEMISTRY (HISTO-02A)

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_____

Slide Labelling Instruction: Label the slide as follows;

RML QAP/HISTO-02A
R-__/C-__
Lab Id:
Special Stain Name:

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-02
B-171, Nirala Nagar, Lucknow-226020, UP, India. "

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

Date:

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Quality Assurance Program

RML

Cycle 16 - 2027

Testing Analytes & Method Questionnaire

HISTOCHEMISTRY (HISTO-02B)

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

Please tick ☐ following.

SPECIAL STAIN

Masson's Trichrome (MT) Stain

Reagent In-house ☐ Purchased ☐

If purchased, mention reagent details _____

Methodology used Automatic ☐ Manual ☐

If automated name of the instrument _____

Protocol_____

Slide Labelling Instruction: Label the slide as follows;

RML QAP/HISTO-02B
R-__/C-__
Lab Id:
Special Stain Name:

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-02
B-171, Nirala Nagar, Lucknow-226020, UP, India. "

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

Date:

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Quality Assurance Program

Cycle 16 - 2027

Testing Analytes & Method Questionnaire

HISTOCHEMISTRY (HISTO-02C)

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

Please tick ☐ following.

SPECIAL STAIN

Periodic Acid- Schiff (PAS)

Reagent In-house ☐ Purchased ☐

If purchased, mention reagent details _____

Methodology used Automatic ☐ Manual ☐

If automated name of the instrument _____

Protocol_____

Slide Labelling Instruction: Label the slide as follows;

RML QAP/HISTO-02C
R-__/C-__
Lab Id:
Special Stain Name:

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-02
B-171, Nirala Nagar, Lucknow-226020, UP, India. "

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

Date:

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RML

Cycle 16 - 2027

Testing Analytes & Method Questionnaire

HISTOCHEMISTRY (HISTO-02D)

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

Please tick ☐ following.

SPECIAL STAIN

Reticulin (RT)

Reagent In-house ☐ Purchased ☐

If purchased, mention reagent details _____

Methodology used Automatic ☐ Manual ☐

If automated name of the instrument _____

Protocol_____

Slide Labelling Instruction: Label the slide as follows;

RML QAP/HISTO-02D
R-__/C-__
Lab Id:
Special Stain Name:

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-02
B-171, Nirala Nagar, Lucknow-226020, UP, India. "

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

Date:

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Quality Assurance Program

Cycle 16 - 2027

Testing Analytes & Method Questionnaire

HISTOCHEMISTRY (HISTO-02E*)

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

Please tick ☐ following.

SPECIAL STAIN

Mucicarmine (MC) Stain

Reagent In-house ☐ Purchased ☐

If purchased, mention reagent details _____

Methodology used Automatic ☐ Manual ☐

If automated name of the instrument _____

Protocol_____

Slide Labelling Instruction: Label the slide as follows;

RML QAP/HISTO-02E
R-__/C-__
Lab Id:
Special Stain Name:

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-02
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

RML Quality Assurance Program

Cycle 16 - 2027

Testing Analytes & Method Questionnaire

HISTOCHEMISTRY (HISTO-02F*)

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

Please tick ☐ following.

SPECIAL STAIN

Alcian Blue pH-2.5

Reagent In-house ☐ Purchased ☐

If purchased, mention reagent details _____

Methodology used Automatic ☐ Manual ☐

If automated name of the instrument _____

Protocol_____

Slide Labelling Instruction: Label the slide as follows;

RML QAP/HISTO-02F
R-__/C-__
Lab Id:
Special Stain Name:

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-02
B-171, Nirala Nagar, Lucknow-226020, UP, India. "

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

Date:

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Cycle 16 - 2027

Testing Analytes & Method Questionnaire

HISTOCHEMISTRY (HISTO-02G*)

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

Please tick ☐ following.

SPECIAL STAIN

Perl's Prussian Blue Stain

Reagent In-house ☐ Purchased ☐

If purchased, mention reagent details _____

Methodology used Automatic ☐ Manual ☐

If automated name of the instrument _____

Protocol_____

Slide Labelling Instruction: Label the slide as follows;

RML QAP/HISTO-02G
R-__/C-__
Lab Id:
Special Stain Name:

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-02
B-171, Nirala Nagar, Lucknow-226020, UP, India. "

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

Date:

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Quality Assurance Program

RML

Cycle 16 - 2027

Testing Analytes & Method Questionnaire

HISTOCHEMISTRY (HISTO-02H*)

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

Please tick ☐ following.

SPECIAL STAIN

Jones Stain

Reagent In-house ☐ Purchased ☐

If purchased, mention reagent details _____

Methodology used Automatic ☐ Manual ☐

If automated name of the instrument _____

Protocol_____

Slide Labelling Instruction: Label the slide as follows;

RML QAP/HISTO-02H
R-__/C-__
Lab Id:
Special Stain Name:

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-02
B-171, Nirala Nagar, Lucknow-226020, UP, India. "

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

Date:

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Quality Assurance Program

Cycle 16 - 2027

Testing Analytes & Method Questionnaire

DIGITAL HISTOPATHOLOGY ANALYTICAL (H&E, DIGITAL) (HISTO-03)

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

DIGITAL HISTOPATHOLOGY H&E (Analytical)

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

This is an analytical virtual Histopathology Program, the participants are required to submit their most appropriate diagnosis of the case based on H&E Slides

Date:

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Quality Assurance Program

Cycle 16 - 2027

Testing Analytes & Method Questionnaire

DIGITAL SUB- SPECIALITY HISTOPATHOLOGY PROGRAMS WITH ANCILLARY STUDIES (IHC) (HISTO-04A*)

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

OPHTHALMIC PATHOLOGY

Digital Sub-Speciality Histopathology with Ancillary Studies (IHC)

Use the supplied virtual slides, relevant case details and ancillary IHC images, where provided.
Record only observed or supplied findings.

1. Virtual slide review / method

Material reviewed: ☐ H&E virtual slide ☐ IHC images/slides (if supplied) ☐ Case notes

Digital slide viewer / platform used: _____

2. Ancillary IHC assessment (complete only for markers supplied)

Marker / Stain	Observed Result (Positive/Negative)	Pattern (Diffuse/Patchy/Focal)	Intensity (0, 1+, 2+, 3+)	Proportion (%)

3. Interpretation / diagnostic reporting

a) Morphology-based diagnosis / differential:

_____

b) Integrated interpretation (incorporating supplied IHC, if applicable):

_____

Importanr: Do not assume results for unprovided IHC markers. Final responses should follow the round-specific RML QAP result entry instructions.

Date:

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Cycle 16 - 2027

Testing Analytes & Method Questionnaire

DIGITAL SUB- SPECIALITY HISTOPATHOLOGY PROGRAMS WITH ANCILLARY STUDIES (IHC) (HISTO-04B*)

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

Endocrine and Neuroendocrine Pathology

Digital Sub-Speciality Histopathology with Ancillary Studies (IHC)

Use the supplied virtual slides, relevant case details and ancillary IHC images, where provided.
Record only observed or supplied findings.

1. Virtual slide review / method

Material reviewed: ☐ H&E virtual slide ☐ IHC images/slides (if supplied) ☐ Case notes

Digital slide viewer / platform used: _____

2. Ancillary IHC assessment (complete only for markers supplied)

Marker / Stain	Observed Result (Positive/Negative)	Pattern (Diffuse/Patchy/Focal)	Intensity (0, 1+, 2+, 3+)	Proportion (%)

3. Interpretation / diagnostic reporting

a) Morphology-based diagnosis / differential:

_____

b) Integrated interpretation (incorporating supplied IHC, if applicable):

_____

Importanr: Do not assume results for unprovided IHC markers. Final responses should follow the round-specific RML QAP result entry instructions.

Date:

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Authorised Signatory

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Quality Assurance Program

Cycle 16 - 2027

Testing Analytes & Method Questionnaire

DIGITAL SUB- SPECIALITY HISTOPATHOLOGY PROGRAMS WITH ANCILLARY STUDIES (IHC) (HISTO-04C*)

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

HEMATOLYMPHOID PATHOLOGY

Digital Sub-Speciality Histopathology with Ancillary Studies (IHC)

Use the supplied virtual slides, relevant case details and ancillary IHC images, where provided.
Record only observed or supplied findings.

1. Virtual slide review / method

Material reviewed: ☐ H&E virtual slide ☐ IHC images/slides (if supplied) ☐ Case notes

Digital slide viewer / platform used: _____

2. Ancillary IHC assessment (complete only for markers supplied)

Marker / Stain	Observed Result (Positive/Negative)	Pattern (Diffuse/Patchy/Focal)	Intensity (0, 1+, 2+, 3+)	Proportion (%)

3. Interpretation / diagnostic reporting

a) Morphology-based diagnosis / differential:

_____

b) Integrated interpretation (incorporating supplied IHC, if applicable):

_____

Importanr: Do not assume results for unprovided IHC markers. Final responses should follow the round-specific RML QAP result entry instructions.

Date:

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Cycle 16 - 2027

Testing Analytes & Method Questionnaire

DIGITAL SUB- SPECIALITY HISTOPATHOLOGY PROGRAMS WITH ANCILLARY STUDIES (IHC) (HISTO-04D*)

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

HEAD & NECK PATHOLOGY

Digital Sub-Speciality Histopathology with Ancillary Studies (IHC)

Use the supplied virtual slides, relevant case details and ancillary IHC images, where provided.
Record only observed or supplied findings.

1. Virtual slide review / method

Material reviewed: ☐ H&E virtual slide ☐ IHC images/slides (if supplied) ☐ Case notes

Digital slide viewer / platform used: _____

2. Ancillary IHC assessment (complete only for markers supplied)

Marker / Stain	Observed Result (Positive/Negative)	Pattern (Diffuse/Patchy/Focal)	Intensity (0, 1+, 2+, 3+)	Proportion (%)

3. Interpretation / diagnostic reporting

a) Morphology-based diagnosis / differential:

_____

b) Integrated interpretation (incorporating supplied IHC, if applicable):

_____

Importanr: Do not assume results for unprovided IHC markers. Final responses should follow the round-specific RML QAP result entry instructions.

Date:

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Authorised Signatory

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Quality Assurance Program

Cycle 16 - 2027

Testing Analytes & Method Questionnaire

DIGITAL SUB- SPECIALITY HISTOPATHOLOGY PROGRAMS WITH ANCILLARY STUDIES (IHC) (HISTO-04E*)

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

NEUROPATHOLOGY

Digital Sub-Speciality Histopathology with Ancillary Studies (IHC)

Use the supplied virtual slides, relevant case details and ancillary IHC images, where provided.
Record only observed or supplied findings.

1. Virtual slide review / method

Material reviewed: ☐ H&E virtual slide ☐ IHC images/slides (if supplied) ☐ Case notes

Digital slide viewer / platform used: _____

2. Ancillary IHC assessment (complete only for markers supplied)

Marker / Stain	Observed Result (Positive/Negative)	Pattern (Diffuse/Patchy/Focal)	Intensity (0, 1+, 2+, 3+)	Proportion (%)

3. Interpretation / diagnostic reporting

a) Morphology-based diagnosis / differential:

_____

b) Integrated interpretation (incorporating supplied IHC, if applicable):

_____

Importanr: Do not assume results for unprovided IHC markers. Final responses should follow the round-specific RML QAP result entry instructions.

Date:

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Authorised Signatory

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Cycle 16 - 2027

Testing Analytes & Method Questionnaire

DIGITAL SUB- SPECIALITY HISTOPATHOLOGY PROGRAMS WITH ANCILLARY STUDIES (IHC) (HISTO-04F*)

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

THORACIC PATHOLOGY

Digital Sub-Speciality Histopathology with Ancillary Studies (IHC)

Use the supplied virtual slides, relevant case details and ancillary IHC images, where provided.
Record only observed or supplied findings.

1. Virtual slide review / method

Material reviewed: ☐ H&E virtual slide ☐ IHC images/slides (if supplied) ☐ Case notes

Digital slide viewer / platform used: _____

2. Ancillary IHC assessment (complete only for markers supplied)

Marker / Stain	Observed Result (Positive/Negative)	Pattern (Diffuse/Patchy/Focal)	Intensity (0, 1+, 2+, 3+)	Proportion (%)

3. Interpretation / diagnostic reporting

a) Morphology-based diagnosis / differential:

_____

b) Integrated interpretation (incorporating supplied IHC, if applicable):

_____

Importanr: Do not assume results for unprovided IHC markers. Final responses should follow the round-specific RML QAP result entry instructions.

Date:

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Cycle 16 - 2027

Testing Analytes & Method Questionnaire

DIGITAL SUB- SPECIALITY HISTOPATHOLOGY PROGRAMS WITH ANCILLARY STUDIES (IHC) (HISTO-04G*)

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

BREAST PATHOLOGY

Digital Sub-Speciality Histopathology with Ancillary Studies (IHC)

Use the supplied virtual slides, relevant case details and ancillary IHC images, where provided.
Record only observed or supplied findings.

1. Virtual slide review / method

Material reviewed: ☐ H&E virtual slide ☐ IHC images/slides (if supplied) ☐ Case notes

Digital slide viewer / platform used: _____

2. Ancillary IHC assessment (complete only for markers supplied)

Marker / Stain	Observed Result (Positive/Negative)	Pattern (Diffuse/Patchy/Focal)	Intensity (0, 1+, 2+, 3+)	Proportion (%)

3. Interpretation / diagnostic reporting

a) Morphology-based diagnosis / differential:

_____

b) Integrated interpretation (incorporating supplied IHC, if applicable):

_____

Importanr: Do not assume results for unprovided IHC markers. Final responses should follow the round-specific RML QAP result entry instructions.

Date:

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Authorised Signatory

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Cycle 16 - 2027

Testing Analytes & Method Questionnaire

DIGITAL SUB- SPECIALITY HISTOPATHOLOGY PROGRAMS WITH ANCILLARY STUDIES (IHC) (HISTO-04H*)

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

GYNECOLOGICAL PATHOLOGY

Digital Sub-Speciality Histopathology with Ancillary Studies (IHC)

Use the supplied virtual slides, relevant case details and ancillary IHC images, where provided.
Record only observed or supplied findings.

1. Virtual slide review / method

Material reviewed: ☐ H&E virtual slide ☐ IHC images/slides (if supplied) ☐ Case notes

Digital slide viewer / platform used: _____

2. Ancillary IHC assessment (complete only for markers supplied)

Marker / Stain	Observed Result (Positive/Negative)	Pattern (Diffuse/Patchy/Focal)	Intensity (0, 1+, 2+, 3+)	Proportion (%)

3. Interpretation / diagnostic reporting

a) Morphology-based diagnosis / differential:

_____

b) Integrated interpretation (incorporating supplied IHC, if applicable):

_____

Importanr: Do not assume results for unprovided IHC markers. Final responses should follow the round-specific RML QAP result entry instructions.

Date:

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Cycle 16 - 2027

Testing Analytes & Method Questionnaire

DIGITAL SUB- SPECIALITY HISTOPATHOLOGY PROGRAMS WITH ANCILLARY STUDIES (IHC) (HISTO-04I*)

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

RENAL PATHOLOGY

Digital Sub-Speciality Histopathology with Ancillary Studies (IHC)

Use the supplied virtual slides, relevant case details and ancillary IHC images, where provided.
Record only observed or supplied findings.

1. Virtual slide review / method

Material reviewed: ☐ H&E virtual slide ☐ IHC images/slides (if supplied) ☐ Case notes

Digital slide viewer / platform used: _____

2. Ancillary IHC assessment (complete only for markers supplied)

Marker / Stain	Observed Result (Positive/Negative)	Pattern (Diffuse/Patchy/Focal)	Intensity (0, 1+, 2+, 3+)	Proportion (%)

3. Interpretation / diagnostic reporting

a) Morphology-based diagnosis / differential:

_____

b) Integrated interpretation (incorporating supplied IHC, if applicable):

_____

Importanr: Do not assume results for unprovided IHC markers. Final responses should follow the round-specific RML QAP result entry instructions.

Date:

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Quality Assurance Program

Cycle 16 - 2027

Testing Analytes & Method Questionnaire

BREAST IHC MODULE (HISTO IHC-00)

A. Enrollment Details

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

B. SELECT ANTIBODIES / PROGRAMMES & RECORD ANTIBODY DETAILS

Select antibody name from the following programme code:-

Programe Code	Select	Antibody (Marker)	Clone Name	Company & Cat No	Expiry Date	RTU/Conc.	Incubation Time
HISTO IHC-00	☐	ER				☐/☐	
	☐	PR				☐/☐	
	☐	HER2/neu				☐/☐	

C. COMMON IHC STAINING METHOD (applies to all rows unless exceptions specified)

- Staining: ☐ Manual ☐ Automated Platform/instrument (manufacturer & model): _____
- Dewaxing: Temperature: _____℃ Time: _____ min
- Epitope retrieval: ☐ HIER ☐ Enzyme ☐ None
- Retrieval system: ☐ Onboard ☐ Manual ☐ Other
- Retrieval buffer: ☐ Low pH ☐ High pH ☐ Other (pH/name): _____

  Temperature: _____℃ Time: _____ min

  Peak Pressure: _____ Time: _____ min
- Enzyme (if used): _____ Time: _____ min
- Detection system (name/brand): _____ Company: _____ Cat no: _____

  Manufacture Date: _____ Expiry Date: _____
- Secondary antibody: Incubation: _____ Min
- Chromogen: DAB: Opti View ☐ Ultra View ☐ ☐ Other: _____
- Counterstain: Name _____ Duration _____ Manufacturer _____

Note: If different IHC staining methods are used for different antibodies, please select one representative antibody and complete Section C with the details of the staining method used for that specific antibody. Kindly mention the selected antibody clearly.

Date:

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Quality Assurance Program

Cycle 16 - 2027

Testing Analytes & Method Questionnaire

PROSTATE IHC MODULE (HISTO IHC-22)

A. Enrollment Details

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

B. SELECT ANTIBODIES / PROGRAMMES & RECORD ANTIBODY DETAILS

Select antibody name from the following programme code:-

Programe Code	Select	Antibody (Marker)	Clone Name	Company & Cat No	Expiry Date	RTU/Conc.	Incubation Time
HISTO IHC-22	☐	p63				☐/☐	
	☐	HMWCK				☐/☐	
	☐	AMACR				☐/☐	

C. COMMON IHC STAINING METHOD (applies to all rows unless exceptions specified)

- Staining: ☐ Manual ☐ Automated Platform/instrument (manufacturer & model): _____
- Dewaxing: Temperature: _____℃ Time: _____ min
- Epitope retrieval: ☐ HIER ☐ Enzyme ☐ None
- Retrieval system: ☐ Onboard ☐ Manual ☐ Other
- Retrieval buffer: ☐ Low pH ☐ High pH ☐ Other (pH/name): _____

  Temperature: _____℃ Time: _____ min

  Peak Pressure: _____ Time: _____ min
- Enzyme (if used): _____ Time: _____ min
- Detection system (name/brand): _____ Company: _____ Cat no: _____

  Manufacture Date: _____ Expiry Date: _____
- Secondary antibody: Incubation: _____ Min
- Chromogen: DAB: Opti View ☐ Ultra View ☐ ☐ Other: _____
- Counterstain: Name _____ Duration _____ Manufacturer _____

Note: If different IHC staining methods are used for different antibodies, please select one representative antibody and complete Section C with the details of the staining method used for that specific antibody. Kindly mention the selected antibody clearly.

Date:

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Cycle 16 - 2027

Testing Analytes & Method Questionnaire

MMR IHC MODULE (HISTO IHC-23*)

A. Enrollment Details

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

B. SELECT ANTIBODIES / PROGRAMMES & RECORD ANTIBODY DETAILS

Select antibody name from the following programme code:-

Programe Code	Select	Antibody (Marker)	Clone Name	Company & Cat No	Expiry Date	RTU/Conc.	Incubation Time
HISTO IHC-23	☐	MLH1				☐/☐	
	☐	MSH2				☐/☐	
	☐	MSH6				☐/☐	
	☐	PMS2				☐/☐	

C. COMMON IHC STAINING METHOD (applies to all rows unless exceptions specified)

- Staining: ☐ Manual ☐ Automated Platform/instrument (manufacturer & model): _____
- Dewaxing: Temperature: _____℃ Time: _____ min
- Epitope retrieval: ☐ HIER ☐ Enzyme ☐ None
- Retrieval system: ☐ Onboard ☐ Manual ☐ Other

  Retrieval buffer: ☐ Low pH ☐ High pH ☐ Other (pH/name): _____

  Temperature: _____℃ Time: _____ min

  Peak Pressure: _____ Time: _____ min
- Enzyme (if used): _____ Time: _____ min
- Detection system (name/brand): _____ Company: _____ Cat no: _____

  Manufacture Date: _____ Expiry Date: _____
- Secondary antibody: Incubation: _____ Min
- Chromogen: DAB: Opti View ☐ Ultra View ☐ ☐ Other: _____
- Counterstain: Name _____ Duration _____ Manufacturer _____

Note: If different IHC staining methods are used for different antibodies, please select one representative antibody and complete Section C with the details of the staining method used for that specific antibody. Kindly mention the selected antibody clearly.

Date:

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Cycle 16 - 2027

Testing Analytes & Method Questionnaire

PDL1 IHC MODULE (HISTO IHC-24*)

A. Enrollment Details

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

B. SELECT ANTIBODIES / PROGRAMMES & RECORD ANTIBODY DETAILS

Select antibody name from the following programme code:-

Programe Code	Select	Antibody (Marker)	Clone Name	Company & Cat No	Expiry Date	RTU/Conc.	Incubation Time
HISTO IHC-24	☐	PDL1	22C3 (Dako)			☐/☐	

C. COMMON IHC STAINING METHOD (applies to all rows unless exceptions specified)

- Staining: ☐ Manual ☐ Automated Platform/instrument (manufacturer & model): _____
- Dewaxing: Temperature: _____℃ Time: _____ min
- Epitope retrieval: ☐ HIER ☐ Enzyme ☐ None
- Retrieval system: ☐ Onboard ☐ Manual ☐ Other
- Retrieval buffer: ☐ Low pH ☐ High pH ☐ Other (pH/name): _____

  Temperature: _____℃ Time: _____ min

  Peak Pressure: _____ Time: _____ min
- Enzyme (if used): _____ Time: _____ min
- Detection system (name/brand): _____ Company: _____ Cat no: _____

  Manufacture Date: _____ Expiry Date: _____
- Secondary antibody: Incubation: _____ Min
- Chromogen: DAB: Opti View ☐ Ultra View ☐ ☐ Other: _____
- Counterstain: Name _____ Duration _____ Manufacturer _____

Note: If different IHC staining methods are used for different antibodies, please select one representative antibody and complete Section C with the details of the staining method used for that specific antibody. Kindly mention the selected antibody clearly.

Date:

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Cycle 16 - 2027

Testing Analytes & Method Questionnaire

PDL1 IHC MODULE (HISTO IHC-25*)

A. Enrollment Details

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

B. SELECT ANTIBODIES / PROGRAMMES & RECORD ANTIBODY DETAILS

Select antibody name from the following programme code:-

Programe Code	Select	Antibody (Marker)	Clone Name	Company & Cat No	Expiry Date	RTU/Conc.	Incubation Time
HISTO IHC-25							
	☐	PDL1	SP263 (Roche)			☐/☐	

C. COMMON IHC STAINING METHOD (applies to all rows unless exceptions specified)

- Staining: ☐ Manual ☐ Automated Platform/instrument (manufacturer & model): _____
- Dewaxing: Temperature: _____℃ Time: _____ min
- Epitope retrieval: ☐ HIER ☐ Enzyme ☐ None
- Retrieval system: ☐ Onboard ☐ Manual ☐ Other
- Retrieval buffer: ☐ Low pH ☐ High pH ☐ Other (pH/name): _____

  Temperature: _____℃ Time: _____ min

  Peak Pressure: _____ Time: _____ min
- Enzyme (if used): _____ Time: _____ min
- Detection system (name/brand): _____ Company: _____ Cat no: _____

  Manufacture Date: _____ Expiry Date: _____
- Secondary antibody: Incubation: _____ Min
- Chromogen: DAB: Opti View ☐ Ultra View ☐ ☐ Other: _____
- Counterstain: Name _____ Duration _____ Manufacturer _____

Note: If different IHC staining methods are used for different antibodies, please select one representative antibody and complete Section C with the details of the staining method used for that specific antibody. Kindly mention the selected antibody clearly.

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Cycle 16 - 2027

Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE - I

A. Enrollment Details

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

B. SELECT ANTIBODIES / PROGRAMMES & RECORD ANTIBODY DETAILS

Select antibody name from the following programme code:-

Programe Code	Select	Antibody (Marker)	Clone Name	Company & Cat No	Expiry Date	RTU/Conc.	Incubation Time
HISTO IHC-01	☐	PAN CK				☐/☐	
HISTO IHC-02	☐	CK-7				☐/☐	
HISTO IHC-03	☐	CK-20				☐/☐	
HISTO IHC-04	☐	CK-5/6				☐/☐	
HISTO IHC-05	☐	Vimentin				☐/☐	
HISTO IHC-06	☐	Desmin				☐/☐	
HISTO IHC-07	☐	GATA-3				☐/☐	
HISTO IHC-08	☐	S-100				☐/☐	
HISTO IHC-09	☐	CD-45 (LCA)				☐/☐	
HISTO IHC-10	☐	CD-3				☐/☐	
HISTO IHC-11	☐	CD-20				☐/☐	
HISTO IHC-12	☐	CD-68				☐/☐	
HISTO IHC-13	☐	CD-34				☐/☐	
HISTO IHC-14	☐	BCL 2				☐/☐	
HISTO IHC-15	☐	BCL 6				☐/☐	
HISTO IHC-16	☐	Napsin-A				☐/☐	
HISTO IHC-17	☐	Chromogranin A				☐/☐	
HISTO IHC-18	☐	Synaptophysin				☐/☐	
HISTO IHC-19	☐	PAX 5				☐/☐	
HISTO IHC-20	☐	CEA				☐/☐	
HISTO IHC-21	☐	Ki67				☐/☐	

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Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE - I

C. COMMON IHC STAINING METHOD (applies to all rows unless exceptions specified)

- Staining: ☐ Manual ☐ Automated Platform/instrument (manufacturer & model):
- Dewaxing: Temperature: _____℃ Time: _____ min
- Epitope retrieval: ☐ HIER ☐ Enzyme ☐ None
- Retrieval system: ☐ Onboard ☐ Manual ☐ Other
- Retrieval buffer: ☐ Low pH ☐ High pH ☐ Other (pH/name): _____

  Temperature: _____℃ Time: _____ min

  Peak Pressure: _____ Time: _____ min
- Enzyme (if used): _____ Time: _____ min
- Detection system (name/brand): _____ Company: _____ Cat no: _____

  Manufacture Date: _____ Expiry Date: _____
- Secondary antibody: Incubation: _____ Min
- Chromogen: DAB: Opti View ☐ Ultra View ☐ ☐ Other: _____
- Counterstain: Name _____ Duration _____ Manufacturer _____

Note: If different IHC staining methods are used for different antibodies, please select one representative antibody and complete Section C with the details of the staining method used for that specific antibody. Kindly mention the selected antibody clearly.

Date:

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Quality Assurance Program

Cycle 16 - 2027

Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE - II*

A. Enrollment Details

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

B. SELECT ANTIBODIES / PROGRAMMES & RECORD ANTIBODY DETAILS

Select antibody name from the following programme code:-

Programe Code	Select	Antibody (Marker)	Clone Name	Company & Cat No	Expiry Date	RTU/Conc.	Incubation Time
HISTO IHC-101	☐	p40				☐/☐	
HISTO IHC-102	☐	p53				☐/☐	
HISTO IHC-103	☐	p16				☐/☐	
HISTO IHC-104	☐	EMA				☐/☐	
HISTO IHC-105	☐	EpCAM-4				☐/☐	
HISTO IHC-106	☐	Claudin-4				☐/☐	
HISTO IHC-107	☐	p120 Catenin				☐/☐	
HISTO IHC-108	☐	E Cadherin				☐/☐	
HISTO IHC-109	☐	Beta Catenin				☐/☐	

C. COMMON IHC STAINING METHOD (applies to all rows unless exceptions specified)

- Staining: ☐ Manual ☐ Automated Platform/instrument (manufacturer & model): _____
- Dewaxing: Temperature: _____℃ Time: _____ min
- Epitope retrieval: ☐ HIER ☐ Enzyme ☐ None
- Retrieval system: ☐ Onboard ☐ Manual ☐ Other
- Retrieval buffer: ☐ Low pH ☐ High pH ☐ Other (pH/name): _____

  Temperature: _____℃ Time: _____ min

  Peak Pressure: _____ Time: _____ min
- Enzyme (if used): _____ Time: _____ min
- Detection system (name/brand): _____ Company: _____ Cat no: _____

  Manufacture Date: _____ Expiry Date: _____
- Secondary antibody: Incubation: _____ Min
- Chromogen: DAB: Opti View ☐ Ultra View ☐ ☐ Other: _____
- Counterstain: Name _____ Duration _____ Manufacturer _____

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Cycle 16 - 2027

Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE - II*

Note: If different IHC staining methods are used for different antibodies, please select one representative antibody and complete Section C with the details of the staining method used for that specific antibody. Kindly mention the selected antibody clearly.

Date:

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Cycle 16 - 2027

Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE - III*

A. Enrollment Details

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

B. SELECT ANTIBODIES / PROGRAMMES & RECORD ANTIBODY DETAILS

Select antibody name from the following programme code:-

Programe Code	Select	Antibody (Marker)	Clone Name	Company & Cat No	Expiry Date	RTU/Conc.	Incubation Time
HISTO IHC-110	☐	TTF-1				☐/☐	
HISTO IHC-111	☐	INSM1				☐/☐	
HISTO IHC-112	☐	Calretinin				☐/☐	
HISTO IHC-113	☐	Podoplanin				☐/☐	
HISTO IHC-114	☐	WT1				☐/☐	

C. COMMON IHC STAINING METHOD (applies to all rows unless exceptions specified)

- Staining: ☐ Manual ☐ Automated Platform/instrument (manufacturer & model): _____
- Dewaxing: Temperature: _____℃ Time: _____ min
- Epitope retrieval: ☐ HIER ☐ Enzyme ☐ None
- Retrieval system: ☐ Onboard ☐ Manual ☐ Other
- Retrieval buffer: ☐ Low pH ☐ High pH ☐ Other (pH/name): _____

  Temperature: _____℃ Time: _____ min

  Peak Pressure: _____ Time: _____ min
- Enzyme (if used): _____ Time: _____ min
- Detection system (name/brand): _____ Company: _____ Cat no: _____

  Manufacture Date: _____ Expiry Date: _____
- Secondary antibody: Incubation: _____ Min
- Chromogen: DAB: Opti View ☐ Ultra View ☐ ☐ Other: _____
- Counterstain: Name _____ Duration _____ Manufacturer _____

Note: If different IHC staining methods are used for different antibodies, please select one representative antibody and complete Section C with the details of the staining method used for that specific antibody. Kindly mention the selected antibody clearly.

Date:

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Cycle 16 - 2027

Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE - IV*

A. Enrollment Details

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

B. SELECT ANTIBODIES / PROGRAMMES & RECORD ANTIBODY DETAILS

Select antibody name from the following programme code:-

Programe Code	Select	Antibody (Marker)	Clone Name	Company & Cat No	Expiry Date	RTU/Conc.	Incubation Time
HISTO IHC-115	☐	CDX2				☐/☐	
HISTO IHC-116	☐	SATB2				☐/☐	
HISTO IHC-117	☐	DOG1				☐/☐	
HISTO IHC-118	☐	CD117 KIT				☐/☐	
HISTO IHC-119	☐	Helicobacter Pylori				☐/☐	
HISTO IHC-120	☐	Arginase 1				☐/☐	

C. COMMON IHC STAINING METHOD (applies to all rows unless exceptions specified)

- Staining: ☐ Manual ☐ Automated Platform/instrument (manufacturer & model): _____
- Dewaxing: Temperature: _____℃ Time: _____ min
- Epitope retrieval: ☐ HIER ☐ Enzyme ☐ None
- Retrieval system: ☐ Onboard ☐ Manual ☐ Other
- Retrieval buffer: ☐ Low pH ☐ High pH ☐ Other (pH/name): _____

  Temperature: _____℃ Time: _____ min

  Peak Pressure: _____ Time: _____ min
- Enzyme (if used): _____ Time: _____ min
- Detection system (name/brand): _____ Company: _____ Cat no: _____

  Manufacture Date: _____ Expiry Date: _____
- Secondary antibody: Incubation: _____ Min
- Chromogen: DAB: Opti View ☐ Ultra View ☐ ☐ Other: _____
- Counterstain: Name _____ Duration _____ Manufacturer _____

Note: If different IHC staining methods are used for different antibodies, please select one representative antibody and complete Section C with the details of the staining method used for that specific antibody. Kindly mention the selected antibody clearly.

Date:

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Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE - V*

A. Enrollment Details

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

B. SELECT ANTIBODIES / PROGRAMMES & RECORD ANTIBODY DETAILS

Select antibody name from the following programme code:-

Programe Code	Select	Antibody (Marker)	Clone Name	Company & Cat No	Expiry Date	RTU/Conc.	Incubation Time
HISTO IHC-121	☐	PAX8				☐/☐	
HISTO IHC-122	☐	CAIX				☐/☐	
HISTO IHC-123	☐	TFE3				☐/☐	
HISTO IHC-124	☐	PSMA				☐/☐	
HISTO IHC-125	☐	NKX3.1				☐/☐	
HISTO IHC-126	☐	PSA				☐/☐	

C. COMMON IHC STAINING METHOD (applies to all rows unless exceptions specified)

- Staining: ☐ Manual ☐ Automated Platform/instrument (manufacturer & model): _____
- Dewaxing: Temperature: _____℃ Time: _____ min
- Epitope retrieval: ☐ HIER ☐ Enzyme ☐ None
- Retrieval system: ☐ Onboard ☐ Manual ☐ Other
- Retrieval buffer: ☐ Low pH ☐ High pH ☐ Other (pH/name): _____

  Temperature: _____℃ Time: _____ min

  Peak Pressure: _____ Time: _____ min
- Enzyme (if used): _____ Time: _____ min
- Detection system (name/brand): _____ Company: _____ Cat no: _____

  Manufacture Date: _____ Expiry Date: _____
- Secondary antibody: Incubation: _____ Min
- Chromogen: DAB: Opti View ☐ Ultra View ☐ ☐ Other: _____
- Counterstain: Name _____ Duration _____ Manufacturer _____

Note: If different IHC staining methods are used for different antibodies, please select one representative antibody and complete Section C with the details of the staining method used for that specific antibody. Kindly mention the selected antibody clearly.

Date:

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Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE - VI*

A. Enrollment Details

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

B. SELECT ANTIBODIES / PROGRAMMES & RECORD ANTIBODY DETAILS

Select antibody name from the following programme code:-

Programe Code	Select	Antibody (Marker)	Clone Name	Company & Cat No	Expiry Date	RTU/Conc.	Incubation Time
HISTO IHC-127	☐	CD10				☐/☐	
HISTO IHC-128	☐	CD5				☐/☐	
HISTO IHC-129	☐	CD79a				☐/☐	
HISTO IHC-130	☐	Cyclin D1				☐/☐	
HISTO IHC-131	☐	SOX11				☐/☐	
HISTO IHC-132	☐	MUM1/IRF4				☐/☐	
HISTO IHC-133	☐	CD30				☐/☐	
HISTO IHC-134	☐	CD138				☐/☐	
HISTO IHC-135	☐	Kappa Light Chain				☐/☐	
HISTO IHC-136	☐	Lambda Light hain				☐/☐	
HISTO IHC-137	☐	CD23				☐/☐	
HISTO IHC-138	☐	CD21				☐/☐	
HISTO IHC-139	☐	CD163				☐/☐	

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Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE - VI*

C. COMMON IHC STAINING METHOD (applies to all rows unless exceptions specified)

- Staining: ☐ Manual ☐ Automated Platform/instrument (manufacturer & model): _____
- Dewaxing: Temperature: _____℃ Time: _____ min
- Epitope retrieval: ☐ HIER ☐ Enzyme ☐ None
- Retrieval system: ☐ Onboard ☐ Manual ☐ Other
- Retrieval buffer: ☐ Low pH ☐ High pH ☐ Other (pH/name): _____

  Temperature: _____℃ Time: _____ min

  Peak Pressure: _____ Time: _____ min
- Enzyme (if used): _____ Time: _____ min
- Detection system (name/brand): _____ Company: _____ Cat no: _____

  Manufacture Date: _____ Expiry Date: _____
- Secondary antibody: Incubation: _____ Min
- Chromogen: DAB: Opti View ☐ Ultra View ☐ ☐ Other: _____
- Counterstain: Name _____ Duration _____ Manufacturer _____

Note: If different IHC staining methods are used for different antibodies, please select one representative antibody and complete Section C with the details of the staining method used for that specific antibody. Kindly mention the selected antibody clearly.

Date:

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Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE - VII*

A. Enrollment Details

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

B. SELECT ANTIBODIES / PROGRAMMES & RECORD ANTIBODY DETAILS

Select antibody name from the following programme code:-

Programe Code	Select	Antibody (Marker)	Clone Name	Company & Cat No	Expiry Date	RTU/Conc.	Incubation Time
HISTO IHC-140	☐	Melan A				☐/☐	
HISTO IHC-141	☐	HMB45				☐/☐	
HISTO IHC-142	☐	CD31				☐/☐	
HISTO IHC-143	☐	ERG				☐/☐	
HISTO IHC-144	☐	SMA				☐/☐	
HISTO IHC-145	☐	CD99				☐/☐	
HISTO IHC-146	☐	NKX2.2				☐/☐	

C. COMMON IHC STAINING METHOD (applies to all rows unless exceptions specified)

- Staining: ☐ Manual ☐ Automated Platform/instrument (manufacturer & model): _____
- Dewaxing: Temperature: _____℃ Time: _____ min
- Epitope retrieval: ☐ HIER ☐ Enzyme ☐ None
- Retrieval system: ☐ Onboard ☐ Manual ☐ Other
- Retrieval buffer: ☐ Low pH ☐ High pH ☐ Other (pH/name): _____

  Temperature: _____℃ Time: _____ min

  Peak Pressure: _____ Time: _____ min
- Enzyme (if used): _____ Time: _____ min
- Detection system (name/brand): _____ Company: _____ Cat no: _____

  Manufacture Date: _____ Expiry Date: _____
- Secondary antibody: Incubation: _____ Min
- Chromogen: DAB: Opti View ☐ Ultra View ☐ ☐ Other: _____
- Counterstain: Name _____ Duration _____ Manufacturer _____

Note: If different IHC staining methods are used for different antibodies, please select one representative antibody and complete Section C with the details of the staining method used for that specific antibody. Kindly mention the selected antibody clearly.

Date:

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Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE - VIII*

A. Enrollment Details

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

B. SELECT ANTIBODIES / PROGRAMMES & RECORD ANTIBODY DETAILS

Select antibody name from the following programme code:-

Programe Code	Select	Antibody (Marker)	Clone Name	Company & Cat No	Expiry Date	RTU/Conc.	Incubation Time
HISTO IHC-147	☐	GFAP				☐/☐	
HISTO IHC-148	☐	OLIG2				☐/☐	
HISTO IHC-149	☐	ATRX				☐/☐	
HISTO IHC-150	☐	IDH1 R132H				☐/☐	

C. COMMON IHC STAINING METHOD (applies to all rows unless exceptions specified)

- Staining: ☐ Manual ☐ Automated Platform/instrument (manufacturer & model): _____
- Dewaxing: Temperature: _____℃ Time: _____ min
- Epitope retrieval: ☐ HIER ☐ Enzyme ☐ None
- Retrieval system: ☐ Onboard ☐ Manual ☐ Other
- Retrieval buffer: ☐ Low pH ☐ High pH ☐ Other (pH/name): _____

  Temperature: _____℃ Time: _____ min

  Peak Pressure: _____ Time: _____ min
- Enzyme (if used): _____ Time: _____ min
- Detection system (name/brand): _____ Company: _____ Cat no: _____

  Manufacture Date: _____ Expiry Date: _____
- Secondary antibody: Incubation: _____ Min
- Chromogen: DAB: Opti View ☐ Ultra View ☐ ☐ Other: _____
- Counterstain: Name _____ Duration _____ Manufacturer _____

Note: If different IHC staining methods are used for different antibodies, please select one representative antibody and complete Section C with the details of the staining method used for that specific antibody. Kindly mention the selected antibody clearly.

Date:

Stamped & Signed By

Authorised Signatory

Continuous efforts & Execution leads to quality excellence

RML

Quality Assurance Program

Cycle 16 - 2027

Testing Analytes & Method Questionnaire

ROUTINE IHC MODULE - IX*

A. Enrollment Details

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

Please tick ☐ following.

Round-01 ☐ Round-02 ☐

B. SELECT ANTIBODIES / PROGRAMMES & RECORD ANTIBODY DETAILS

Select antibody name from the following programme code:-

Programe Code	Select	Antibody (Marker)	Clone Name	Company & Cat No	Expiry Date	RTU/Conc.	Incubation Time
HISTO IHC-151	☐	SALL4				☐/☐	
HISTO IHC-152	☐	OCT3/4				☐/☐	
HISTO IHC-153	☐	PLAP				☐/☐	

C. COMMON IHC STAINING METHOD (applies to all rows unless exceptions specified)

- Staining: ☐ Manual ☐ Automated Platform/instrument (manufacturer & model): _____
- Dewaxing: Temperature: _____℃ Time: _____ min
- Epitope retrieval: ☐ HIER ☐ Enzyme ☐ None
- Retrieval system: ☐ Onboard ☐ Manual ☐ Other
- Retrieval buffer: ☐ Low pH ☐ High pH ☐ Other (pH/name): _____

  Temperature: _____℃ Time: _____ min

  Peak Pressure: _____ Time: _____ min
- Enzyme (if used): _____ Time: _____ min
- Detection system (name/brand): _____ Company: Cat no: _____

  Manufacture Date: _____ Expiry Date: _____
- Secondary antibody: Incubation: _____ Min
- Chromogen: DAB: Opti View ☐ Ultra View ☐ ☐ Other: _____
- Counterstain: Name _____ Duration _____ Manufacturer _____

Note: If different IHC staining methods are used for different antibodies, please select one representative antibody and complete Section C with the details of the staining method used for that specific antibody. Kindly mention the selected antibody clearly.

Date:

Stamped & Signed By

Authorised Signatory

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