

UK NEQAS for Microbiology, P O Box 63003, NW9 1GH

Tel: +44 (0)20 8905 9890 Fax: +44 (0)20 8205 1488 email: organiser@ukneqasmicro.org.uk web: <http://www.ukneqasmicro.org.uk>

REGISTRATION FORM FOR 2020 - 2021

Bacteriology

- AAFB microscopy
- Antimicrobial susceptibility
- C. difficile*
- Community medicine
- Faecal pathogens (Overseas only)¹¹
- General bacteriology
- General bacteriology & Antimicrobial susceptibility
- Genital pathogens
- MRSA screening
- Mycobacteria culture
- Syphilis serology
- Urinary antigens¹

Molecular

- CMV DNA quantification
- EBV DNA quantification
- HBV DNA quantification
- Hepatitis C RNA detection²
- HIV1 RNA quantification
- Molecular detection of *C. trachomatis* & *N. gonorrhoeae*
- Molecular detection of HEV RNA¹²
- Molecular detection of HPV
- Molecular detection of mycobacteria
- Molecular detection of respiratory viruses
- Molecular detection of viruses in CSF³
- Molecular detection of SARS-CoV-2

Mycology

- Mycology culture
- Antifungal susceptibility
- Cryptococcal antigen detection¹⁴
- Fungal biomarkers

Parasitology

- Blood parasitology
- Faecal parasitology
- Malaria rapid
- Molecular detection of faecal parasites¹⁵
- Molecular detection of Malaria
- Parasite serology
- Toxoplasma serology⁴

Parasitology Teaching Programmes

- Blood programme
- Faecal programme

Virology

- Anti-HBs detection
- Blood Borne Virus⁵
- Blood Donor screen⁶
- Diagnostic serology (hepatitis screen)⁸
- Hepatitis B serology
- Hepatitis C serology
- Hepatitis E serology⁷
- HIV Point of Care
- HIV serology
- Immunity screen⁹
- Lyme serology (UK only)
- Measles & mumps IgG serology
- Parvovirus B19 and Rubella serology
- Respiratory rapid: RSV
- Rubella IgG serology
- Viral gastroenteritis¹⁰

Scheme required (please tick ✓)

- ¹ Includes legionella and pneumococcal antigens
- ² Qualitative detection, quantitation and genotype
- ³ Detection of HSV DNA, VZV DNA and Enterovirus RNA
- ⁴ Includes Toxoplasma IgM, IgG and avidity
- ⁵ Blood Borne Virus includes screening for HBsAg, HIV Ag/Ab and HCVAg/Ab (6 distributions)
- ⁶ Blood Donor Screen includes screening for HBsAg, anti-HBc, HIV Ag/Ab, HCV Ag/Ab, anti-HTLV I/II and Treponemal antibodies (6 distributions)
- ⁷ Hepatitis E serology (IgM and IgG)
- ⁸ Hepatitis screen includes HAV IgM, CMV IgM, acute EBV markers
- ⁹ Detection of IgG antibodies to HAV, CMV and VZV
- ¹⁰ Suitable for nucleic acid and antigen detection methods
- ¹¹ Distribution suitable for participants new to EQA participation
- ¹² Molecular detection of HEV RNA (scored on qualitative, (quantitative/genotype can be reported but not scored))
- ¹³ Mycology teaching, one day course and Virus Identification cancelled for 2020-21
- ¹⁴ Cryptococcal antigen detection (qualitative detection)
- ¹⁵ New for 2020-21 Molecular detection of faecal parasites/ Molecular detection of SARS-CoV-2

Name and Address (please use block capitals)

Contact Name.....	Department.....
Hospital.....	
Street.....	
Town.....	Post Code..... Country.....
Telephone number	Fax.....
E-mail	Lab type (please tick) State <input type="checkbox"/> Private <input type="checkbox"/> Other <input type="checkbox"/>
Accreditation (please tick all that apply) ISO 15189 <input type="checkbox"/> : ISO 17025: <input type="checkbox"/> CPA: <input type="checkbox"/> Other	
UK NEQAS Laboratory Identification Number (if registered for other schemes).....	

To be signed by the Head of Laboratory:

I have read the conditions of participation in UK NEQAS Microbiology, detailed in the Directory, and agree to abide by them. I understand that specimens issued by the Scheme may contain virulent pathogenic organisms of any category other than ACDP hazard group 4 and I confirm that my laboratory has suitable facilities for handling such organisms.

Name Signature..... Date .../.../.....

Please complete the methods section on the following pages to ensure you receive sufficient sample volume(s).

PUBLIC HEALTH ENGLAND CUSTOMER APPLICATION FOR CREDIT

For use where there is no signed contract between PHE and the Customer. Please send the completed and correctly authorised application form and a blank copy of your official company letterhead to:

Name..... Email@phe.gov.uk

- a. Full company/ organisation name.....
b. Companies House registration number (if applicable).....
c. Company registered address.....
d. Trading address including postcode

e. Business sector - please tick one

NHS body Government body Local Authority Commercial Organisation Other

For NHS bodies:

NHS code for the agreement of balances (AoB) exercises

AoB email contact details

- f. Is the company/ organisation VAT registered? Yes No

If yes: VAT Country Code VAT number

Please note that VAT details will be validated as part of the new account application process.

- g. Credit limit requested £.....Expected annual spend with the PHE £.....

h. Contact details for invoices & payments: Name.....

Telephone number..... Email.....

Invoice Address

Delivery Address

PHE contacts

Accounts Receivable Ledger Manager: Paul Whitty receivables@phe.gov.uk

Conditions of granting credit accepted by the applicant: The application must be signed by a Director or Finance Manager of the organisation who has the authority to agree to the PHE terms and conditions, which are applicable at the time of supply. PHE reserves the right to change its terms and conditions throughout the lifetime of this credit agreement and which can be found on its website at www.gov.uk/government/publications/phe-terms-and-condition-of-business. Note that the credit facility may be stopped if the account exceeds the agreed credit limit or falls into arrears, and legal action may be taken to recover monies due. Title of goods will pass only upon full payment.

Signature..... **Position**

Print name..... **Date**

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Please provide details of all methods in the table. If you use more than one method for a marker please include details of all methods. If you change the method you use please inform us of the change in writing.

	Bacteriology	Comment/analyte	Culture Media / Kit / Assay Name and Manufacturer
<input type="checkbox"/>	<i>C. difficile</i>	Method 1	
		Method 2	
		Method 3	
		Method 4	
		Typing method	
<input type="checkbox"/>	MRSA screening		
<input type="checkbox"/>	Mycobacterium culture	Neutralisation reagent	
		Solid culture media 1	
		Solid culture media 2	
		Liquid culture media: (non-automated method)	
		Automated instrument	
		Liquid culture media: (for automated method)	
<input type="checkbox"/>	Syphilis serology	Reagin	
		TP Agglutination	
		FTA	
		EIA IgG	
		EIA IgM	
		Immunoblot	
<input type="checkbox"/>	Urinary Antigens	Legionella	
		Pneumococci	
	Molecular		
<input type="checkbox"/>	CMV DNA quantification		
<input type="checkbox"/>	EBV DNA quantification		
<input type="checkbox"/>	HBV DNA quantification		
<input type="checkbox"/>	Hepatitis C RNA detection	Qualitative	
		Quantitative	
		Genotype	
<input type="checkbox"/>	HIV1 RNA quantification		
<input type="checkbox"/>	Molecular detection of <i>C. trachomatis</i> & <i>N. gonorrhoeae</i>	Screening assay	
		Confirmatory assay	
<input type="checkbox"/>	Molecular detection of HEV RNA	Qualitative (Quantitative)	
<input type="checkbox"/>	Molecular detection of HPV	Detection	
		Genotype	
<input type="checkbox"/>	Molecular detection of mycobacteria	Direct Detection	
		Indirect Detection	
		Rifampicin Resistance	
<input type="checkbox"/>	Molecular detection of viruses in CSF	HSV1	
		HSV2	
		VZV	
		Enterovirus	
<input type="checkbox"/>	Molecular detection of respiratory viruses	Influenza A virus	
		Influenza B virus	
		RSV	
		Other respiratory viruses	
<input type="checkbox"/>	Viral gastroenteritis	Adenovirus	
		Norovirus	
		Rotavirus	

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Mycology		Comment/analyte	Kit / Assay Name and Manufacturer
<input type="checkbox"/>	Cryptococcal antigen detection	Cryptococcal Ag	
<input type="checkbox"/>	Fungal biomarkers	Galactomannan Ag	
Parasitology			
<input type="checkbox"/>	Malaria rapid	Malaria (Plasmodium sp.) antigen detection	
<input type="checkbox"/>	Parasite serology	Schistosoma IgG	
		Amoeba IgG	
		Hydatid IgG	
		Toxocara IgG	
		Strongyloides IgG	
		<i>Trypanosoma cruzi</i> IgG	
<input type="checkbox"/>	Toxoplasma serology	Toxoplasma IgG	
		Toxoplasma IgG avidity	
		Toxoplasma IgM	
<input type="checkbox"/>	Molecular detection of faecal parasites	Giardia lamblia	
		Cryptosporidium sp.	
		Entamoeba histolytica	
<input type="checkbox"/>	Molecular detection of malaria	Malaria (Plasmodium sp.) nucleic acid	
Virology			
<input type="checkbox"/>	Anti-HBs detection	Anti-HBs	
<input type="checkbox"/>	Blood Borne virus	HBsAg	
		HCV Ag/Ab	
		HIV Ag/Ab	
<input type="checkbox"/>	Blood Donor Screen	HBsAg	
		Anti-HBc	
		HCV Ag/Ab	
		HIV Ag/Ab	
		Anti-HTLV I/II	
		Treponemal antibodies	
<input type="checkbox"/>	Diagnostic serology (hepatitis screen)	HAV IgM	
		CMV IgM	
		EBV-VCA IgM	
		EBV-VCA IgG	
		EBV-EBNA IgG	
		EBV- Heterophile antibody	
		EBV-Other (please state)	
<input type="checkbox"/>	Hepatitis B serology	HBsAg	
		Anti-HBc IgM	
		Anti-HBc IgG	
		HBeAg	
		Anti-HBe	
<input type="checkbox"/>	Hepatitis C serology	HCV IgG	
		HCV Antigen	
<input type="checkbox"/>	Hepatitis E serology	HEV IgG	
		HEV IgM	
<input type="checkbox"/>	HIV POCT	HIV Ag/Ab	
<input type="checkbox"/>	HIV serology	HIV Ag/Ab	
<input type="checkbox"/>	Immunity screen	HAV IgG/total	
		CMV IgG	
		VZV IgG	
<input type="checkbox"/>	Measles & mumps IgG serology	Measles IgG	
		Mumps IgG	
<input type="checkbox"/>	Parvovirus B19 and Rubella serology	Parvovirus B19 IgM / IgG	
		Rubella IgM / IgG	
<input type="checkbox"/>	Respiratory rapid: RSV	RSV Ag	
<input type="checkbox"/>	Rubella IgG serology	Rubella IgG	