

REGISTRATION FORM FOR 2024 - 2025

Bacteriology (scheme required (please tick ✓))		Parasitology (scheme required (please tick ✓))	
<input type="checkbox"/> AAFB microscopy		<input type="checkbox"/> Blood parasitology	
<input type="checkbox"/> Antimicrobial susceptibility		<input type="checkbox"/> Faecal parasitology	
<input type="checkbox"/> Carbapenemase-producing organisms		<input type="checkbox"/> Malaria rapid	
<input type="checkbox"/> <i>Clostridioides difficile</i> (formerly <i>Clostridium difficile</i>)		<input type="checkbox"/> Molecular detection of faecal parasites	
<input type="checkbox"/> Community medicine		<input type="checkbox"/> Molecular detection of Malaria	
<input type="checkbox"/> Faecal pathogens (Overseas only) ¹¹		<input type="checkbox"/> Parasite serology	
<input type="checkbox"/> General bacteriology		<input type="checkbox"/> Toxoplasma serology ⁴	
<input type="checkbox"/> General bacteriology & Antimicrobial susceptibility		Parasitology Teaching Programmes	
<input type="checkbox"/> Genital pathogens		<input type="checkbox"/> Blood programme	
<input type="checkbox"/> MRSA screening		<input type="checkbox"/> Faecal programme	
<input type="checkbox"/> Mycobacteria culture			
<input type="checkbox"/> Syphilis serology			
<input type="checkbox"/> Urinary antigens ¹		Virology (scheme required (please tick ✓))	
		<input type="checkbox"/> Anti-HBs detection	
Molecular (scheme required (please tick ✓))		<input type="checkbox"/> Blood Borne Virus ⁵	
<input type="checkbox"/> CMV DNA quantification		<input type="checkbox"/> Blood Donor screen ⁶	
<input type="checkbox"/> EBV DNA quantification		<input type="checkbox"/> Diagnostic serology (hepatitis screen) ⁸	
<input type="checkbox"/> HBV DNA quantification		<input type="checkbox"/> Hepatitis B serology	
<input type="checkbox"/> Hepatitis C RNA detection ²		<input type="checkbox"/> Hepatitis C serology	
<input type="checkbox"/> HIV1 RNA quantification		<input type="checkbox"/> Hepatitis E detection ⁷	
<input type="checkbox"/> Molecular detection of <i>C. trachomatis</i> & <i>N. gonorrhoeae</i>		<input type="checkbox"/> HIV Point of Care	
<input type="checkbox"/> Molecular detection of HPV		<input type="checkbox"/> HIV serology	
<input type="checkbox"/> Molecular detection of mycobacteria		<input type="checkbox"/> Immunity screen ⁹	
<input type="checkbox"/> Molecular detection of respiratory viruses		<input type="checkbox"/> Lyme serology (UK only)	
<input type="checkbox"/> Molecular detection of viruses in CSF ³		<input type="checkbox"/> Measles & mumps IgG serology	
<input type="checkbox"/> Molecular detection of SARS-CoV-2		<input type="checkbox"/> Parvovirus B19 and Rubella serology	
<input type="checkbox"/> SARS-CoV-2 Sequencing EQA (in collaboration with GenQA) ¹³		<input type="checkbox"/> Rubella IgG serology	
Mycology (scheme required (please tick ✓))		<input type="checkbox"/> Respiratory viruses Point of Care ¹³	
<input type="checkbox"/> Mycology culture		<input type="checkbox"/> Viral gastroenteritis ¹⁰	
<input type="checkbox"/> Antifungal susceptibility			
<input type="checkbox"/> Cryptococcal antigen detection ¹²			
<input type="checkbox"/> Fungal biomarkers			

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 detection: serology (IgM and IgG) and HEV RNA (qualitative)

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 Cryptococcal antigen detection (qualitative detection)

¹³ New for 2024-2025

Name and Address (please use block capitals)

Contact Name.....	Department
Hospital.....	
Street.....	
Town	Post Code.....
Telephone number	Country.....
E-mail	Lab type (please tick) State <input type="checkbox"/> Private <input type="checkbox"/> Other <input type="checkbox"/>
EORI (if applicable)	
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 [Participants Manual](#), 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 relevant methods section from page 3 onwards to ensure you receive sufficient sample volume(s).



CUSTOMER APPLICATION FOR CREDIT

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

Name..... Email@ukhsa.gov.uk

a. Full Company/ Organisation name.....
 b. Company/ Organisation registration number (if applicable).....
 c. Company/ Organisation 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

f. VAT/Tax registration number

If you are based outside the UK and not registered in your local country for VAT/GST supplies to you will be subject to UK VAT under the UK VAT Act (1994) place of supply rules, unless a full business reason is supplied.

g. EORI number

h. Credit limit requested £.....Expected annual spend with the UKHSA £.....

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

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

Invoice Address

Delivery Address

Supplied Tick box

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 UKHSA terms and conditions, which are applicable at the time of supply. UKHSA 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/UKHSA-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

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"/>	Carbapenemase-producing organisms	NDM	
		KPC	
		OXA-48 like	
		IMP	
		VIM	
<input type="checkbox"/>	<i>Clostridioides difficile</i> (formerly <i>Clostridium 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	

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	Molecular	Comment/analyte	Culture Media / Kit / Assay Name and Manufacturer
<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 HPV	Detection	
		Genotype	
<input type="checkbox"/>	Molecular detection of mycobacteria	Direct Detection	
		Indirect Detection	
		Rifampicin Resistance	
<input type="checkbox"/>	Molecular detection of SARS-CoV-2	Method 1 with up to 3 gene targets (e.g E gene, S gene etc.)	
		Method 2 with up to 3 gene targets (e.g. E gene, S gene etc.)	
<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	
<input type="checkbox"/>	SARS-CoV-2 Sequencing EQA	SARS-CoV-2 genome	
<input type="checkbox"/>	Respiratory viruses Point of Care (suitable for molecular and antigen detection)	Influenza A virus	
		Influenza B virus	
		RSV	

	Mycology	Comment/analyte	Kit / Assay Name and Manufacturer
<input type="checkbox"/>	Cryptococcal antigen detection	Cryptococcal Ag	
<input type="checkbox"/>	Fungal biomarkers	Galactomannan Ag	

	Parasitology	Comment/analyte	Kit / Assay Name and Manufacturer
<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	
		Trypanosoma cruzi 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		Comment/analyte	Kit / Assay Name and Manufacturer
<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 detection (serology and molecular)	HEV IgG	
		HEV IgM	
		Qualitative (Quantitative) RNA	
<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"/>	Rubella IgG serology	Rubella IgG	
<input type="checkbox"/>	Respiratory viruses point of care (suitable for antigen and molecular detection)	Influenza A virus	
		Influenza B virus	
		RSV	