Method Questionnaire

Laboratory Code:............... Section Name:……..………………...............

Organisation Name and Address……………………………………….……………………………………………….…….…………

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| --- | --- | --- | --- | --- | --- | --- |
| Analyte | Analyser | Reagent supplier | Reagent. Lot no. | Calibratorsupplier | CalibratorLot no. | Modification to manufacturer’s calibration |
| Troponin T |  |  |  |  |  |  |
| Reader Trop T |  |  |  |  |  |  |
| AQT Trop T |  |  |  |  |  |  |
| Troponin I |  |  |  |  |  |  |
| hsTroponin I |  |  |  |  |  |  |
| CK MB (activity) |  |  |  |  |  |  |
| Please note a separate PLASMA cardiac marker programme is available for TRIAGE meter users. |

Where the modifications have been made at your laboratory to calibration, either by introducing a slope and intercept or changing the calibrator assigned value, please include details.

Reagent and calibrator Lot numbers can be stored on the database and will be used for problem solving. Please include as much information as possible on the questionnaire.

**If you wish to submit results for more than one section, please copy this form.**