HAEMATINICS METHOD QUESTIONNAIRE

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

**Organisation Name and Address:** …………………………………………………………………………………………………………..

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| --- |
| HAEMATINICS SCHEME |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Analyte | Analyser | Reagent supplier | Reagent. Lot no. | Calibratorsupplier | CalibratorLot no. | Modification to manufacturer’s calibration |
| Ferritin |  |  |  |  |  |  |
| B12 |  |  |  |  |  |  |
| Active B12 |  |  |  |  |  |  |
| Folate |  |  |  |  |  |  |
| Iron \* |  |  |  |  |  |  |
| TIBC \* |  |  |  |  |  |  |
| UIBC |  |  |  |  |  |  |
| Transferrin |  |  |  |  |  |  |
| Transferrin Saturation\* |  |  |  |  |  |  |

**Please note: Samples with both mild/severe toxic iron concentrations are dispatched approximately every 3 months**

Please include as much information as possible on the questionnaire.

If modifications have been made regarding calibration (e.g. introducing a slope/intercept or changing the calibrator assigned value) please include details, as reagent/calibrator lot numbers can be stored on the database to be used for problem solving.

**\* For Iron, TIBC and Transferrin Saturation please indicate method group:**

|  |  |  |
| --- | --- | --- |
| Analyte | Method Group | ✓ |
| Iron | Ferrozine |  |
| TPTZ |  |
| Other (please specify) |  |
| TIBC | Fe+UIBC |  |
| Transferrin formulae |  |
| Other (please specify) |  |
| Transferrin Saturation | Iron/Transferrin formula |  |
| Iron/TIBC formula |  |
| Other (please specify) |  |

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