**Method Questionnaire**

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

**Organisation Name and Address:**

**……………………………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………………….**

Please indicate if you would like to enrol for: ( ✓)

Monthly

Bimonthly

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

|  |  |  |
| --- | --- | --- |
| Analyte | Method Group | ✓ |
| HbA1c – IFCC (mmol/mol) | Atellica DCA |  |
| Boronate Affinity HPLC |  |
| DCA 2000 / Vantage |  |
| Electrophoresis |  |
| Immunochemistry |  |
| Ion Exchange HPLC |  |
| POCT Boronate Affinity |  |
| Other, please specify: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Instrument Manufacturer** | **Instrument Model** | **Calibrator supplier and Lot No.** | **Reagent /Column Lot no.** | **Modification to manufacturers’ calibration** |
|  |  |  |  |  |