**Method Questionnaire**

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

**Manufacturer:** …………………..………… **Model:** ………………………………………….…….…..

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

(N.B. Please insert instrument details in “analyte” column where instrument used for individual analytes differs from the main instrument.)

Please complete ‘Laboratory Code’ and ‘Section Name’ on each page.

Reagent kit no. and calibrator Lot numbers can be stored on the database and can be used for problem solving. Please include as much information as possible.

|  |  |  |
| --- | --- | --- |
| Analyte | Method Group | ✓ |
| Cholesterol | Beckman DX/LX |  |
| Cholesterol Oxidase |  |
| Vitros |  |
| Other– Please specify |  |
| Triglyceride | Beckman DX/LX |  |
| Enzymatic - end point UV |  |
| GK/GPO-PAP |  |
| Lipase/glycerol reduction |  |
| Vitros |  |
| Other– Please specify |  |
| HDL Cholesterol | Abbott |  |
| ASDM: Ultra N-geneous |  |
| Elimination |  |
| Immunoinhibition |  |
| Polyanion |  |
| Roche |  |
| Vitros |  |
| Other – Please specify |  |
| LDL Cholesterol | Direct LDL |  |
| Friedewald Formula |  |
| Surfactant Direct LDL |  |
| Vitros dLDL |  |
| Other– Please specify |  |

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

|  |  |  |
| --- | --- | --- |
| Analyte | Method Group | ✓ |
| Non-HDL Cholesterol | Chol Ox / Abbott |  |
| Chol Ox / Elimin. |  |
| Chol Ox / Immuno. |  |
| Chol Ox / Roche |  |
| Other– Please specify |  |
| Lipoprotein (a) | Immunoturbidimetric |  |
| Other– Please specify |  |
| Apolipoprotein A1 | Turbidimetric (Roche) |  |
| Turbidimetric (Immuno) |  |
| Other– Please specify |  |
| Apolipoprotein B | Turbidimetric |  |
| Other– Please specify |  |

**Instrument / Reagent / Calibrator Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Analyte** | **Reagent supplier** | **Reagent. Cat. No.** | **Calibrator**  **supplier** | **Calibrator**  **Lot no.** | **Modification to manufacturer’s calibration** |
| Cholesterol |  |  |  |  |  |
| Triglyceride |  |  |  |  |  |
| HDL |  |  |  |  |  |
| LDL |  |  |  |  |  |
| Non-HDL Cholesterol |  |  |  |  |  |
| Lipoprotein (a) |  |  |  |  |  |
| Apo A1 |  |  |  |  |  |
| Apo B |  |  |  |  |  |

Please give details of any methods not specified in our classification guide.

Where you have modified the calibration, either by introducing a slope and intercept or changing the calibrator assigned value, please include details.

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