

Application Form of EQA Program for Neonatal G6PD Screening Test

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|--|----------|----------------------|
| Applicant: | | Date: |
| Phone No.: | Fax No.: | e-mail: |
| <p>1. Full name of <u>the institute and laboratory</u> (address, and website URL)</p> <p>2. Director of the laboratory (name, postal address, telephone and fax numbers, e-mail address)</p> <p>3. Sample receiving contact, to whom and where we will send the EQA sample (name, address, telephone, mobile and fax numbers, e-mail address)</p> <p>4. Summary report contact, who will receive the reports from us. (name, postal address, telephone and fax numbers, e-mail address)</p> <p>5. Which kind of reagent do you use for the G6PD screening? <input type="checkbox"/> Commercial Kit, Reagent Brand : _____ Catalog No. : _____ <input type="checkbox"/> Laboratory Prepare, Method : <input type="checkbox"/> Fluorescence Spot Test ; <input type="checkbox"/> G6PD/6PGD ratio ; <input type="checkbox"/> Others: _____</p> <p>6. Which kind of specimen do you use for the G6PD screening test? <input type="checkbox"/> Heel Blood (<input type="checkbox"/> Whole Blood or <input type="checkbox"/> Dry Blood Spot); <input type="checkbox"/> Cord Blood (<input type="checkbox"/> Whole Blood or <input type="checkbox"/> Dry Blood Spot);</p> <p>7. Which kind of filter paper you used for blood collection? <input type="checkbox"/> Whatman 903; <input type="checkbox"/> PerkinElmer 226; <input type="checkbox"/> Toyo Roshi 545; <input type="checkbox"/> Others: _____</p> <p>8. What is the daily working load for this screening test?</p> <p>9. Your account number of courier service (FedEx, DHL, UPS, TNT and etc.) (Commercial Laboratories only)</p> | | |
| Applicant's signature | | Director's signature |
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Please fax or email this form to QAP Center, Preventive Medicine Foundation, Taipei, Taiwan
 <g6pd@g6pd.tw>; Tel:+886-2-2703-6080; Fax: +886-2-2703-6070