ISHBT - CMC VELLORE EQAS– HAEMOSTASIS MODULE REGISTRATION FORM

Please take time to fill in all the details accurately in black. All pages to be filled in by all participants.

Circle ONE: NEW PARTICIPANT CURRENT PARTICIPANT *PLEASE FILL IN existing PIN # here*

1. INSTITUTION

2. DEPARTMENT

3. NAME OF DOCTOR

4. ADDRESS STREET

TOWN/CITY

DISTRICT

STATE

5. PIN CODE

6. TELEPHONE

STD code Telephone number

7. FAX

8. EMAIL ID

9. HFI associated laboratory(circle) **YES** **NO**

10. Category of Laboratory (circle one only):

A. Private laboratory B. Hospital Laboratory (Teaching) C. Hospital Laboratory, Hospital Laboratory - Govt. D. Medical College, Medical College – Govt.

B. If you need a Tax invoice, enter your GSTIN:

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C.

Signature: _____ Seal
(Doctor)
Date: _____

Please enter the details of the tests as performed in your lab. Use the Appendix provided to locate the codes in the sections specified.

1	**PROTHROMBIN TIME (PT)**		
1.1	Method	*Section A*	
1.2	End point detection	*Section B*	
1.3	Analyzer	*Section K*	
1.4	Thromboplastin reagent	*Section E*	
1.5	ISI of reagent		
1.6	Source of plasma for MNPT	*Section D*	
1.7	Normal range for PT (secs)	*Lower limit*	
		Upper limit	

2	**ACTIVATED PARTIAL THROMBOPLASTIN TIME (APTT)**		
2.1	Method	*Section A*	
2.2	End point detection	*Section B*	
2.3	Analyzer	*Section K*	
2.4	APTT reagent	*Section F*	
2.5	Activation time (secs)		
2.6	Source of plasma for Mean Normal APTT	*Section D*	
2.7	Normal range for APTT (secs)	*Lower limit*	
		Upper limit	

3	**THROMBIN TIME (TT)**		
3.1	Method	*Section A*	
3.2	End point detection	*Section B*	
3.3	Analyzer	*Section K*	
3.4	TT reagent	*Section G*	
3.5	Source of plasma for Mean Normal TT	*Section D*	
3.6	Normal range for TT (secs)	*Lower limit*	
		Upper limit	

4	**FACTOR VIII:C ASSAY**		
4.1	Method	*Section A*	
4.2	Factor assay principle	*Section C*	
4.3	Analyzer	*Section K*	
4.4	Source of factor deficient plasma	*Section H*	
4.5	APTT reagent	*Section F*	
4.6	Source of reference plasma	*Section D*	
4.7	Source of buffer	*Section H*	
4.8	Normal range for Factor VIII:C (u/dl)	*Lower limit*	
		Upper limit	

5	**FACTOR IX ASSAY**		
5.1	Method	*Section A*	
5.2	Factor assay principle	*Section C*	
5.3	Analyzer	*Section K*	
5.4	Source of factor-deficient plasma	*Section H*	
5.5	APTT reagent	*Section F*	
5.6	Source of reference plasma	*Section D*	
5.7	Source of buffer	*Section H*	
5.8	Normal range for Factor IX (u/dl)	*Lower limit*	
		Upper limit	

6	**VON WILLEBRAND FACTOR ANTIGEN (VWF:AG) ASSAY**		
6.1	Method	*Section A*	
6.2	End point detection	*Section B*	
6.3	Analyzer	*Section K*	
6.4	Normal range for VWF:AG (u/dl)	*Lower limit*	
		Upper limit	

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7	**VON WILLEBRAND FACTOR ACTIVITY (VWF: RCO) ASSAY**		
7.1	Method	*Section A*	
7.2	Endpoint detection	*Section B*	
7.3	Analyzer	*Section K*	
7.4	Normal range for VWF: RCO (%)	*Lower limit*	
		Upper limit	

8	**FIBRINOGEN ASSAY**		
8.1	Method	*Section A*	
8.2	Factor assay principle	*Section C*	
8.3	Analyzer	*Section K*	
8.4	Normal range for Fibrinogen (u/dl)	*Lower limit*	
		Upper limit	