



**MEDICAL LABORATORY SCIENCE COUNCIL OF
NIGERIA** Plot 1166, Muhammad N. Umar Lane
Durumi Phase II, P. M. B. 771
Garki P. O., Abuja



NATIONAL EXTERNAL QUALITY ASSESSMENT PROGRAMME

ENROLLMENT FORM

MLSCN/EQA/001

1.0 LABORATORY INFORMATION

1.1	Name of Laboratory	
1.2	MLSCN Assigned identification (PML) Number	
1.3	CAC Registration Number (if applicable)	
1.4	Laboratory Physical Address	Street Name & No or Name of Organization:
		City: FCT
		Postcode:+234
		Country:
1.5	Laboratory Postal Address	Street Name & No or Name of Organization:
		City: FCT
		Postcode:+234
		Country:
1.6	Laboratory Telephone	
1.7	Laboratory Fax	
1.8	Laboratory E-mail	
1.9	Laboratory URL/Web Address	
1.10	Name or Parent Organization (if applicable)	
1.11	Lists of Directors	

1.2 Category of Laboratory (Tick which is appropriate, √)

S/N	Laboratory Level		Type of Laboratory Affiliation	
1.21	Tertiary		Public	
1.22	Secondary		Private	
1.23	Primary		Corporate	
1.24	Reference / Research		Faith Based	

2.0 Laboratory Key Officers' Contact Details

2.11	Laboratory Director	Name:
2.12	Address of Laboratory Director	Department:
		Street Name & No/ Name of Organization:
		City:
		Postcode:
		Country:
2.13	Laboratory Director's Phone No	
2.14	Laboratory Director's Alternate Phone No	
2.15	Laboratory Director's E-mail Address	

2.2 Laboratory Manager

2.21	Laboratory Manager	Name:
2.22	Address of Laboratory Manager	Department:
		Street Name & No/ Name of Organization:
		City:
		Postcode:
		Country:
2.23	Laboratory Manager's Phone No	
2.24	Laboratory Manager's Alternate Phone No	
2.25	Laboratory Manager's E-mail Address	

2.3 Quality Manager/Officer

2.21	Quality Manager	Name:
2.22	Address of Quality Manager	Department:
		Street Name & No/ Name of Organization:
		City:
		Postcode:
		Country:
2.23	Quality Manager's Phone No	
2.24	Quality Manager's Alternate Phone No	
2.25	Quality Manager's E-mail Address	

S/N	Panel type	NO. of Samples/Frequency of testing	Price Per Annum (#)
3.1	Chemistry	2x2	N45,000
3.2	Hematology	2x2	N45,000
3.3	HCG (Pregnancy Test)	3x2	N10,000
3.4	HBs Ag	3x2	N10,000
3.5	T.B (10slides)	10x2	N20,000
3.6	MP (10slides)	10x2	N20,000
3.7	HIV Serology	3x2	N20,000
3.8	CD4	2x2	N45,000
3.9	HCV	3x2	N10,000
4.0	H. Pylori	3x2	N10,000
4.1	Malaria Rapid Test Kit (RTK)	3x2	N10,000
4.2	SARS-CoV-2 Molecular Testing	2x2	N150,000
4.3	Courier		N25,000

3.0 Scheme Information

Note:

- i. For MP and TB, each participant will receive 10 slides each per test event and participants can partake in some or all of the test events i.e.: You can pick one or more test events for Assay
- ii. If you require accreditation, your test menu shall include EQA in each discipline that the scope of accreditation covers

4.4. Guidelines for EQA Payment Through Remita

Below are the guidelines for MLSCN EQA Payments through Remita Platform.

- 4.5. Access the MLSCN website at www.mlscn.gov.ng
 - 4.6. Download the EQA enrolment form, fill appropriately and return to MLSCN via courier or scan to the e-mail address: mlscnega@gmail.com, and info@mlscn.gov.ng
 - 4.7. For payment, click on “Proceed to Payment” to generate RRR
 - 4.8. Present RRR at the any bank to make payment or
 - 4.9. Click appropriate link to make payment via debit card
 - 4.10. Forward evidence of payment along with completed enrollment form to:
 1. The Registrar/CEO
MLSCN HQ
Plot 1166, Muhammad N. Umar
Lane Durumi Phase II, P. M. B. 771
Garki P. O., Abuja.
- OR
2. E-mail: info@mlscn.gov.ng copying bity2002ng@yahoo.com

Kindly proceed as follows to make payment for SARS-CoV-2 EQA:

1. Click on the remita icon on mlscn website <http://www.mlscn.gov.ng>
2. Click the dropdown menu on the right side of service name and select inspection and approval of premises.
3. Tick or select baseline Assessment fee- Primary level laboratory.
4. Under description make sure you write in bold MLSCN SARS-CoV-2 EQA ENROLMENT.

5. Fill in the rest of the details including the name of the laboratory.
6. Please NOTE item NO. 4 above and be sure to adhere to the narrative as guided.
7. Forward evidence of payment along with completed enrollment form as described in step 4.10 above:

For further enquiries, contact any of the following:-

- | | | |
|------------------------|-------------|--|
| 1. Joshua Bitrus Barde | 08035172346 | bity2002ng@yahoo.com |
| 2. Ifeoma Onwukwue | 08101593051 | onukwueifeoma@gmail.com |
| 3. Tyondo Henry | 08034241684 | linkhenrosky@yahoo.com |

5. MLSCN Official Use Only

5.1	Date Received in EQA Dept.	
5.2	Application Number	
5.3	PML Number	
5.4	Laboratory Level	
5.5	Type of Laboratory Affiliation	
5.6	National EQA Identification Number	
5.7	Signature & Date of EQA Officer	