

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	
	MLSCN Assigned	
1.2	identification (PML) Number	
1.3	CAC Registration Number (if applicable)	
1.4	Laboratory Physical Address	Street Name & No or Name of Organization:
		City:
		Postcode:
		Country:
1.5	Laboratory Postal Address	Street Name & No or Name of Organization:
		City:
		Postcode:
		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 /	Faith Based	
	Research		

2.0 Laboratory Key Officers' Contact Details

2.11	Laboratory Director	Name:
2.12	Address of	Department:
	Laboratory Director	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	Department:
	Laboratory Manager	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	Department:
	Manager	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	

3.0 Scheme Information

S/N	Panel type	Frequency of testing	Price Per Annum
			14
3.1	Chemistry	2x2	N40,000
3.2	Hematology	2x2	N40,000
3.3	HCG (Pregnancy Test)	3x3	N7,000
3.4	HBs Ag	3x3	N7,000
3.5	T.B (10slides)	3x10	N16,000
3.6	MP (10slides)	3x10	N16,000
3.7	HIV Serology	3x3	N16,000
3.8	CD4	2x2	N40,000
3.9	HCV	3x3	N7,000
4.0	H. Pylori	3x3	N7,000
4.1	T.B Rapid Test Kit (RTK)	3x3	N7,000
4.2	Malaria Rapid Test Kit (RTK)	3x3	N7,000
4.3	Courier		N25,000

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: mlscn_eqa@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:

The Registrar/CEO MLSCN HQ Plot 1166, Muhammad N. Umar Lane Durumi Phase II, P. M. B. 771 Garki P. O., Abuja.

E-mail: mlscn_eqa@mlscn.gov.ng
Web Address: www.mlscn.gov.ng

For further enquiries, contact any of the following:-

	aulaunoifoema Ramail com
2. Ifeoma Onwukwue 08101593051 or	nukwueifeoma@gmail.com
3. Tyondo Henry 08034241684 li	inkhenrosky@yahoo.com
4. Uzzi Ameh 08182311949	uzzikelvin@gmail.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	