



**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:
		Postcode:+234
		Country:
1.5	Laboratory Postal Address	Street Name & No. or Name of Organization:
		City:
		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:
2.1 2	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	

### 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	

### 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	

<b>S/N</b>	<b>Panel type</b>	<b>NO. of Samples/Frequency of testing</b>	<b>Price Per Annum (#)</b>
3.1	Chemistry	2x2	N67,500
3.2	Hematology	2x2	N67,500
3.3	HCG (Pregnancy Test)	3x2	N20,000
3.4	HBs Ag	3x2	N20,000
3.5	T.B (10slides)	10x2	N30,000
3.6	MP (10slides)	10x2	N30,000
3.7	HIV Serology	3x2	N30,000
3.8	CD4	2x2	N67,500
3.9	HCV	3x2	N20,000
4.0	H. Pylori	3x2	N20,000
4.1	Malaria Rapid Test Kit (RTK)	3x2	N17,500
4.2	SARS-CoV-2 Molecular Testing	2x2	N150,000
4.3	Courier		N50,000

### 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

#### Guidelines for EQA Payment Through Remita

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

Access the MLSCN website at [www.mlscn.gov.ng](http://www.mlscn.gov.ng)

Download the EQA enrolment form, fill appropriately and return to MLSCN via courier or scan to the e-mail address: [mlscnega@gmail.com](mailto:mlscnega@gmail.com), and [info@mlscn.gov.ng](mailto:info@mlscn.gov.ng)

For payment, click on “Proceed to Payment” to generate RRR

Present RRR at the any bank to make payment or

Click appropriate link to make payment via debit card

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](mailto:info@mlscn.gov.ng) copying [bity2002ng@yahoo.com](mailto: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 | <a href="mailto:bity2002ng@yahoo.com">bity2002ng@yahoo.com</a>       |
| 2. Ifeoma Onwukwue     | 08101593051 | <a href="mailto:onukwueifeoma@gmail.com">onukwueifeoma@gmail.com</a> |
| 3. Tyondo Henry        | 08034241684 | <a href="mailto:linkhenrosky@yahoo.com">linkhenrosky@yahoo.com</a>   |
| 4. Mubarak Usman       | 08146911927 | <a href="mailto:mubaraksdqu@gmail.com">mubaraksdqu@gmail.com</a>     |
| 5. Jamila Bello        | 08065672657 | <a href="mailto:jamilabbk@gmail.com">jamilabbk@gmail.com</a>         |

### **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	