**CCQM-K/S/PXX**

**Key/Supplementary/Pilot Comparison**

**[Description of comparison]**

**Registration Form**

|  |  |  |
| --- | --- | --- |
| Name of Institute/Laboratory | : |  |
| NMI/DI/Expert laboratory[[1]](#footnote-1) (Please specify) | : |  |
| Country/Economy | : |  |
|  |  |  |
| Name of Contact Person(s) | : |  |
| Designation(s) | : |  |
| e-mail Address(es) | : |  |
| Telephone Number(s) | : |  |
|  |  |  |
| Address (*for delivery of the comparison sample*) | : |  |
|  |  |  |
|  |  |  |
| Postal Code | : |  |
| Date | : |  |

|  |
| --- |
| **Remarks or special requests (e.g., any local customs requirements/special permits required for import of the comparison sample).** |

**PLEASE NOTE: Any import taxes or charges imposed on the comparison samples during transportation shall be borne by the participating laboratory.**

*(The registration form could also include other special instructions for shipping, sharing of shipping costs for the comparison samples or other costs).*

|  |
| --- |
| **Please select the measurand(s) by checking the appropriate box(es).** |
| Our Laboratory would like to register for participation in the following:   |  |  |  | | --- | --- | --- | | **Measurand** | **CCQM-K/SXX** | **CCQM-PXX** | | *[Measurand1]* |  |  | | *[Measurand2]* |  |  | | *[Measurand3]* |  |  | | *[Measurand4]* |  |  | |
| Please complete this form and return it to [*name of contact person at coordinating laboratory*], ([*e-mail of contact person*]) on or before the deadline ([***deadline date for registration***]) for registration.  An e-mail reply will be sent within 5 working days to confirm the registration. If you do not receive an acknowledgement of your registration from us within 5 working days, please send us an e-mail. |

1. Expert laboratories need to compete a specific form to get permission to participate in CCQM pilot studies (CCQM-F01) [↑](#footnote-ref-1)