**Questionnaire on a proposal for a CCQM/RMO key/supplementary comparison on [*general description of measurands*] in [*matrix*]**

Coordinated by:

[*name of coordinating laboratory(ies)*]

**Proposed Comparison**

[*Description and background of the comparison*]

**Proposed Measurands**

[*Some information about the composition of the proposed comparison sample(s) and the measurands that are being proposed for the comparison study with a justification for their selection, as applicable*]

**How far does the light shine?**

[*First draft of the “how far the light shines”-statement of the comparison to consider the possible CMC claims that could potentially be supported by the comparison study*]

**Objective of the questionnaire**

This questionnaire is intended to collect information from National Metrology Institutes (NMIs), Designated Institutes (DIs) or expert laboratories on expressions of interest in the comparison on [description of the comparison], the proposed schedule, as well as any other comments.

**Questionnaire**

Please provide your answers to the following questions:

1. Information about the interested institute (NMI/DI/expert laboratory):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Institute** |  | | | | | | |
| Please indicate the designation of the institute with an **X** | | | | | | | |
| **National Metrology Institute** | | **Designated Institute** | | | **Expert laboratory** | | |
|  | |  | | |  | | |
| **Postal address** |  | | | | | | |
| **Country** |  | | | | | | |
| **Name(s) of contact person(s)** |  | |  |  | |  |  |
| Title | |  | Given name | |  | Surname |
|  | |  |  | |  |  |
| Title | |  | Given name | |  | Surname |
| **e-mail(s)** |  | | | | | | |
|  | | | | | | |
| **Date** |  | | | | | | |

1. Please indicate your interest in participation by yes (Y) or No (N) in the appropriate boxes

|  |  |  |  |
| --- | --- | --- | --- |
| **Measurand** | **Mass fraction range** | **Key/Supplementary comparison** | **Pilot study** |
| **Participate: Y/N** | **Participate: Y/N** |
| **[*Comparison sample*]** | | | | |
| [*Measurand1*] | [*mass fraction range*] |  |  |
| [*Measurand2*] | [*mass fraction range*] |  |  |
| [*Measurand3*] | [*mass fraction range*] |  |  |
| [*Measurand4*] | [*mass fraction range*] |  |  |
| **[*Comparison sample*]** | | | | |
| [*Measurand1*] | [*mass fraction range*] |  |  |
| [*Measurand2*] | [*mass fraction range*] |  |  |
| [*Measurand3*] | [*mass fraction range*] |  |  |
| [*Measurand4*] | [*mass fraction range*] |  |  |

1. Please indicate with **Y/N** whether the proposed timescale is satisfactory or if you would prefer different deadlines for reporting results.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Proposed** | **Y/N** | **Different deadlines** |
| Call for participation | [*date*] |  |  |
| Registration deadline | [*date*] |  |  |
| Sample distribution | [*date*] |  |  |
| Deadline for submission of results | [*date*] |  |  |
| First discussion of results | [*date*] |  |  |
| Draft A report | [*date*] |  |  |
| Draft B report | [*date*] |  |  |
| Final report | [*date*] |  |  |

1. Any further questions/feedback/comments to consider for this study.

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Please complete this questionnaire and return it to [*name of the coordinating laboratory*]:

Contact person: [*Name of contact person at coordinating laboratory*]

e-mail: [*e-mail of contact person at coordinating laboratory*] no later than [***deadline date for reply to the questionnaire***].