

Participation in EURAMET comparison
Participation form to be signed by participants



Document: G-OPS-FRM-012 Version: 2.0
 Approved: MSM 2021-05-06

Participation form for the comparison EURAMET.M.M-SX:
 to be filled and signed and returned by 13.02.2026

Institute (Acronym)	Bureau Luxembourgeois de Métrologie (ILNAS)
Contact person for comparison	
First name	Quentin
Last name	Sanchez
E-mail	Quentin.sanchez@ilnas.etat.lu
Phone	+352 247 743 78
Fax	+352 247 943 90
Delivery address for standards	
Address	11A rue de la Gare
City	Capellen
Zip code	L-8325
Country	Luxemburg
Further Comments	

On behalf of my institute,

I confirm that the institute is able to participate in the comparison according to the rules and procedures laid down in **EURAMET Guide on Comparison** or as agreed by the BoD, according to the rules and procedures laid down by CC - M¹ (if available) and in the **technical protocol** (in its approved current version) and will allocate the necessary resources and funds.

I acknowledge that the institute may be excluded from the comparison if the deadlines for measurements and reporting or necessary corrective actions are not met.

I accept that the EURAMET TC-Q may propose to the EURAMET Board of Directors to suspend or to grey out our CMCs of the institute in case of inconsistent results or the institute's exclusion from the comparison in accordance with the EURAMET rules.

I am aware that the institute's participation in the comparison or the submitted results may be withdrawn only in exceptional and justified cases.

In case of temporary unavailability or change of the contact person, a notification will be sent immediately to the pilot laboratory and the TC Chair. A (temporary) replacement person will be nominated.

Place and Date

Name

Signature

CAPELLEN, 09/02/2026

SANCHEZ
 QUENTIN

Authorised representative* of the institute

¹ Please specify the Consultative Committee (e.g. CC-AUV, EM, etc.).



On behalf of the pilot laboratory for the comparison,

I confirm that in addition to the declaration to be signed by participants of the comparison, the institute will provide the necessary resources (i.e. time, personnel and funds) to coordinate and steer the comparison and to keep to the agreed time scale.

Place and Date

Paris, 09/02/2026
.....

Name

BLANC
Bartholomé
.....

Signature

A handwritten signature in black ink, appearing to be "BLANC", written over a horizontal dotted line.

Authorised representative* of the institute
(pilot laboratory)

* Please note that it is up to the institute, based on its regulations, who is authorised to sign this form.

EURAMET's data privacy policy is available online under: <https://www.euramet.org/meta-menu/privacy-policy/>