



REGISTRATION FORM for participation in proficiency testing (PT)

Registration for participation: proficiency testing ASPL - PT-

Program-field:	
Analytical group:	
Determinable parametres:	
PT Coordinator:	
Telephone:	
E-mail:	

Information about the laboratory-participant:

PT samples delivery address:		Billing address:	
Contact person:		VAT Number:	
Department:		Company:	
Company:		City:	
City:		Zip postal:	
Zip postal:		Country:	
Country:		tel:	
tel:		fax:	
fax:		e-mail:	
e-mail:			

Delivery address for sending PT report and ID number:	
Contact person:	
Department:	
Company:	
City:	
Zip postal:	
Country:	
tel:	
fax:	
e-mail:	
Contact:	

The laboratory is accredited according to EN ISO/IEC 17025 : (choose the correct)

Remarks: (The participant can make a comment)

Participation fee : _____

- The proficiency testing is organized if at least 3 (three) participants have stated participation.
- Keeping complete confidentiality for participants is guaranteed.
- The Management of ASPL is committed to inform promptly and to coordinate with participants every change that has occurred in the design of the scheme or in the process of the interlaboratory proficiency testing.
- Payment is made after confirmation from ASPL for starting of the PT Scheme.
- VAT and transport fees are not included. (PT samples are sent by courier at the expense of the participant)
- Application fees are not refundable even a participant does not take part in the PT;
- CPAchem LTD could not guarantee the number of the participants which will submit their results for a given parameter;
- Participants can object against the evaluation of their results. Objections are sent in free written form to the Management of ASPL. The deadline for the PT Scheme Coordinator to answer is 10 days.
- If the results are unsatisfactory for the participant the paid fees shall not be refunded.

By filling in and signing this form you agree to the sales general conditions, applied by CPAchem for the providing of quality laboratory products and services.

Date:

**Stamp and signature of the
Manager of the PT
participant**