



Participation Form ICAR PT 2018

Name and delivery address:	
Name and invoicing address:	
Name of the ICAR associated member <i>Indicate N.A. if you are not servicing any ICAR associated member organization</i>	
Contact person	
Telephone	
Fax	
e-mail	
VAT number or Tax registration number	

I would like to participate in the following ICAR proficiency test parameters:

- Please x the appropriate box
- If you want to receive more than one set of samples for each method to report this number in the box.
- If you would like to add more parameters in the second round, you can do it simply revising this form and to send again to pt@icar.org

	Dispatch: 05 March 2018		Dispatch: 03 September 2018	
	Chemical (direct)	Alternative (indirect)	Chemical (direct)	Alternative (indirect)
FAT				
CRUDE PROTEIN				
LACTOSE				
UREA				
SOMATIC CELLS				
BHB				
PAG				
DNAPRC technique				

NB: we reserve the right to cancel a parameter if there are less than 10 participating laboratories

Samples may arrive on a bank holiday in your country: please, be careful

Date

Signature

RETURN TO ICAR pt@icar.org by: 31 January 2018