



**Participation Form ICAR PT 2019**

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

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

- 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

Method	Dispatch: 04 March 2019		Dispatch: 02 September 2019	
	Chemical (direct)	Alternative (indirect)	Chemical (direct)	Alternative (indirect)
<b>FAT</b>				
<b>CRUDE PROTEIN</b>				
<b>LACTOSE</b>				
<b>UREA</b>				
<b>SOMATIC CELLS</b>				
<b>BHB</b>				
<b>PAG</b>				
<b>DNAPRC technique</b>				

*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 2019**