

**External Quality Assessment for HOLOGIC Panther® and Tigris® System
2024**Nucleic Acid Detection for *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (NG)**Registration form**

Please send back the complete filled in and signed registration form until **March, 1st 2024** by fax (0049-5222-8076-253), Email (info@labcon-owl.de) or mail to LABCON-OWL Analytik, Forschung und Consulting GmbH, to the attn. of Ms. Nagel, Siemensstraße 40, 32105 Bad Salzuflen, Germany.

Registration for (please mark!)

- ☐ **EQA I/2024 (March/April):** four samples, each in replicates of two; 250,00 € (plus VAT)
- ☐ **EQA II/2024 (September/October):** four samples, each in replicates of two; 250,00 € (plus VAT)

Address and contact details of participant**No. of participant:**

to be filled in by QC-panel host

Delivery address:**Invoice address (only if different):**

Institute: _____

Institute: _____

Contact person :

Name: _____

Name: _____

Street: _____

Street: _____

Address: _____

Address: _____

Phone No.: _____

Additional information (e.g. VAT):

Fax No.: _____

Email: _____

I hereby confirm that I am authorized, within the scope of my diagnostic responsibilities, to perform direct and/or indirect detection of infectious pathogens. I am aware of the applicable legislation.

Institute-/Lab. stamp

Date

Signature

