**Sender:**

**Send to:**

**Geschäftsstelle des VAH e.V.**

**c/o Institut für Hygiene und Öffentliche Gesundheit**

**Venusberg-Campus 1**

**53127 Bonn**

**Fax: +49 (0) 228 287-19522**

**Email: vah-ringtrial@ukbonn.de**

**Reply required by 5th of May**

**I will participate in the VAH ring trial 2023 – 01**

**from**

**23th May 2023 – 21th July 2023**

 **yes** **[ ]  no** **[ ]**

1. A participation fee of **200 €** will be charged in order to cover part of the expenses. An invoice will be sent by separate mail.
2. For conducting this interlaboratory test a minimum number of 12 participants is required, otherwise the ring trial must be cancelled.
3. In addition to preparing a final report for the participants, we plan to publish the data and findings from these ring trails after consultation with the disinfectant commission in coded form on behalf of the VAH e.V. and ask for your permission to do so. You will be informed about your lab number.

**[ ]  I confirm that I have read and hereby accept the terms presented in the paragraphs 1 to 3.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place, Date Signature/ Stamps**

**Please fill out the fields below only if there are changes in comparison to the last registration:**

* Participating Lab (address or address of delivery):

Lab:

Street:

Zip code / Place:

Please add a **copy** of the **certification of your accreditation (EN 13727)**!
Certificate according to EN 13727: available [ ]  not available (is aimed) [ ]

* Individual expert(s) of the lab (responsible for expert reports):

Expert 1:

Expert 2:

Expert 3:

* Contact person(s) for the ring trial (name(s)/E-Mail(s)):

Contact 1:

Contact 2:

* Address for the VAH invoice:

Name:

Street:

Zip code / Place:

* Certificate issued to… (Address):

Name:

Street:

Zip code / Place: