

Sender:



Send to:

Geschäftsstelle des VAH e.V.
c/o Institut für Hygiene und Öffentliche Gesundheit
Venusberg-Campus 1
53127 Bonn
Email: vah-ringtrial@ukbonn.de

I hereby register for participation in the following VAH ring trial(s):

<input type="checkbox"/> Single booking	2025-01 Feb. - Apr. 25	EN 16615 / VAH Methode Kapitel 14.2	<i>Candida albicans</i>	<input type="checkbox"/>	Annual subscription 2025 (please choose two of the ring trials for annual subscription)
<input type="checkbox"/> Single booking	2025-02 Mai. - Aug. 25	EN 14563	<i>Mycobacterium terrae</i>	<input type="checkbox"/>	
<input type="checkbox"/> Single booking	2025-03 Sep.- Nov. 25	EN 17387 / VAH Methode Kapitel 14.1	<i>Staphylococcus aureus</i>	<input type="checkbox"/>	

- 1) By registering for the first ring trials of the year, you make a decision for the participation model for the corresponding year. It is not possible to change this at a later date.
- 2) You will receive a confirmation by e-mail after receipt of your registration. All details to the ring trial will be sent by e-mail prior to the start of the ring trial.
- 3) The total amount of the participation fee is based on the price list as of November 2024. Payment is due within 14 days of the date of the invoice.
- 4) The following services are included in the fee: Participation in the respective ring trial with a report and certificate after completion of the ring trial. Shipping of products outside Europe must be organized and paid for independently by the laboratory.
- 5) For conducting this interlaboratory test a minimum number of 12 participants is required, otherwise the ring trial must be cancelled. If this number is not reached, you will be notified at least 2 weeks before the start of the ring trial.
- 6) Cancellation of participation with reimbursement of costs is possible up to the start of the ring trial. Cancellations after this time will be charged with the participation fee.
- 7) We plan to publish the data and findings from these ring trails after consultation with the VAH Disinfectants Commission in coded form on behalf of VAH e.V. on the VAH website 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 7.

Place, Date

Signature/ Stamps

Please fill out this form if you are a new participant in VAH ring trials or if changes occurred as compared to the last time you participated

A copy of the certification of your accreditation (EN 17025) is attached

- Billing address:

Company/ Laboratory name:
Street:
Postal code, city, country

- Shipping address (if different):

Company/ Laboratory name:
Street:
Postal code, city, country

- Address for the certificate of participation:

Company/ Laboratory name:
Street:
Postal code, city, country

- Individual expert(s) of the lab (first name, last name, email address):

Expert 1:
Expert 2:
Expert 3:

- Contact person(s) for the ring trial (first name, last name, email address):

Contact 1:
Contact 2: