**Registration Form**

Please complete the details of your nominated laboratories and send to the contact persons below. The completed registration form will be accepted until **29 January 2021.** Maximum 5 laboratories to participate in this scheme are allowed for each ASEAN Member States (AMSs), due to the limit of cost for sample dispatching. In case there are more than 5 laboratories, you can add “Nomination priority 6, 7…and so on” as candidates.

**To**: Dr. Sirichai Sunya
 Bureau of Quality and Safety of Food, Department of Medical Sciences, Thailand

**E-mail**: sirichai.s@dmsc.mail.go.th

**Part I: Information of National Food Reference Laboratory (NFRL)**

|  |  |
| --- | --- |
| NFRL |  |
| Contact Person: |  |
| Country: |  |
| Phone:  |  |
| E-mail: |  |

* Is the fish powder (the PT sample) a prohibited and restricted item for customs of your country?

[ ]  No [ ]  Yes

* Remarque:
* *In order to facilitate a delivering of the PT sample to the your nominated food testing laboratories (FLs) within your country, we will send then PT samples to the NFRL,* and **it would be appreciated if the NFRL kindly helps us to distribute the PT samples to the FLs** *in your country.*
* *Please note that any import taxes and charges imposed on the PT item package during transportation shall be borne by the participating laboratory.*

**Part II: Participating Laboratory**

In order to enhance smooth communication during this PT scheme, more than one contact persons and emails are accepted.

*Nomination Priority: 1*

|  |  |
| --- | --- |
| Laboratory Name: |  |
| Contact Person (s): |  |
| Country: |  |
| Phone:  |  |
| E-mail (s): |  |
| Shipping Address*:**(for sample dispatch)* |  |

*Nomination Priority: 2*

|  |  |
| --- | --- |
| Laboratory Name: |  |
| Contact Person (s): |  |
| Country: |  |
| Phone:  |  |
| E-mail (s): |  |
| Shipping Address*:**(for sample dispatch)* |  |

*Nomination Priority: 3*

|  |  |
| --- | --- |
| Laboratory Name: |  |
| Contact Person (s): |  |
| Country: |  |
| Phone:  |  |
| E-mail (s): |  |
| Shipping Address*:**(for sample dispatch)* |  |

*Nomination Priority: 4*

|  |  |
| --- | --- |
| Laboratory Name: |  |
| Contact Person (s): |  |
| Country: |  |
| Phone:  |  |
| E-mail (s): |  |
| Shipping Address*:**(for sample dispatch)* |  |

*Nomination Priority: 5*

|  |  |
| --- | --- |
| Laboratory Name: |  |
| Contact Person (s): |  |
| Country: |  |
| Phone:  |  |
| E-mail (s): |  |
| Shipping Address*:**(for sample dispatch)* |  |