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| **Multi-mycotoxin Proficiency Test** |
| **Registration Form** |
| **Participant Laboratory** (name of the Institution and relevant acronym if present) |
| **Contact Person(s)***Name**Email address**Tel /Fax* |
| **Delivery Address** |
| **Method(s) that will be used and relevant combination of mycotoxins**(please specify if you will use LC-MS(MS) or HPLC-UV/FLD method) |

Please fill in and return the registration form by email to Veronica Lattanzio (veronica.lattanzio@ispa.cnr.it) and Annalisa De Girolamo (annalisa.degirolamo@ispa.cnr.it).