

## External Quality Assessment for HOLOGIC Panther® and Tigris® System 2025

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, 1<sup>st</sup> 2025** by fax (0049 5222 8076-253), e-mail (info@labcon-owl.de) or mail to LABCON-OWL Analytik, Forschung und Consulting GmbH, to the attention of Ms. Kofoet and Ms. Diekmann, Siemensstraße 40, 32105 Bad Salzufflen, Germany.

#### Registration for (please mark!)

**EQA I/2025 (March/April):**  
four samples, each in replicates of two;  
250,00 € (plus VAT)

**EQA II/2025 (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**

Institute \_\_\_\_\_

**Contact person**

Name \_\_\_\_\_

Street \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

e-mail \_\_\_\_\_

**Invoice address (only if different)**

Institute \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

Address \_\_\_\_\_

Additional information (e.g. VAT):  
\_\_\_\_\_

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

