

Registration Form – Proficiency Tests 2021

LAB CODE: _____ (as available)

this order is in addition to the existing continuous subscriptions

DELIVERY ADDRESS also billing address

BILLING ADDRESS

Name _____

Name _____

Institution _____

Institution _____

Street _____

Street _____

ZIP / city _____

ZIP / city _____

Country _____

Country _____

Instructions for filling out the form can be found on the back!

Proficiency Test	PT no.	Subscr.	Single participation				Additional samples number per test	Continuous subscription*
			1/21	2/21	3/21	4/21		
BTMF - Drugs in Serum	11-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B)	<input type="checkbox"/>
UF - Drugs in Urine	12-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> sample/s	<input type="checkbox"/>
DHF - Drugs in Hair	13-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B)	<input type="checkbox"/>
QSA - Qualitative Screening Analysis	14-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B)	<input type="checkbox"/>
SFD - Tox. Analysis for Driver Fitness Determination	15-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> sample/s	<input type="checkbox"/>
DMS - Drug Screening in Hair	16-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> sample/s	<input type="checkbox"/>
GHB* - GHB in Serum and Urine	17-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B,C,D)	<input type="checkbox"/>
- GHB in Serum (only delivery of serum samples)	18-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B)	<input type="checkbox"/>
BZF - Benzodiazepines and Z-drugs in Serum	21-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B)	<input type="checkbox"/>
STM - Replacement Drugs in Serum and Urine	22-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B)	<input type="checkbox"/>
TCA - Tricyclic Antidepressants in Serum	23-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B,C,D)	<input type="checkbox"/>
TAB - Toxicological Analysis of Diagnostics of Brain Death	24-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> sample/s	<input type="checkbox"/>
TDMA - Neuroleptics 1	25-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B,C,D)	<input type="checkbox"/>
TDMB - Anticonvulsants	26-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B)	<input type="checkbox"/>
TDMC - Neuroleptics 2	27-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B)	<input type="checkbox"/>
TDMD - Antidepressants	28-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B)	<input type="checkbox"/>
ETOH - Ethanol in Serum	31-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B)	<input type="checkbox"/>
AMF - Alcohol Consumption Markers in Serum	32-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B)	<input type="checkbox"/>
BGS - Congener Alcohols in Serum	33-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> sample/s	<input type="checkbox"/>
ETG - Ethylglucuronide in Serum and Urine	34-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B)	<input type="checkbox"/>
EGH - Ethylglucuronide in Hair	35-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B)	<input type="checkbox"/>
ATU - Amanitine in Urine	41-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B)	<input type="checkbox"/>
IDS - Immunological Drug Screening in Urine	51-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> sample/s	<input type="checkbox"/>
DOAB - Drug Screening in Blood	52-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B)	<input type="checkbox"/>
ETB - Ethanol in Blood	53-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B)	<input type="checkbox"/>
SAL - Drugs in Saliva	54-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B)	<input type="checkbox"/>
NIC - Nicotine and Metabolites in Serum and Urine	55-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B)	<input type="checkbox"/>
MEP - Metanephrine in Plasma	56-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B)	<input type="checkbox"/>
PETH - Phosphatidylethanol in Blood (New)	57-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> set (A,B)	<input type="checkbox"/>

* see remarks on the reverse side

Member of GTFCh

One invoice for all proficiency tests

Sending of the result reports by: Post E-Mail

(please indicate the e-mail addresses on the address form)

date, signature

ARVECON GmbH
 Kiefernweg 4
 69190 Walldorf
 Germany

Notes on filling out the form

Please mark here if you want to participate in all test of the year.

Please mark here if you want to participate only in particular tests. (for details see below)

Please enter here the number of additional samples, if you need additional sample material.

Please mark here if you want to register for a continuous participation.

Proficiency Test	Ref. no.	Subscr.	Single participation				Additional samples number per test	Continuous subscription*
			1/21	2/21	3/21	4/21		
BTMF - Drugs in Serum	11-0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 set (A,B)	<input checked="" type="checkbox"/>
UF - Drugs in Urine	12-0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		sample/s	<input type="checkbox"/>
DHF - Drugs in Hair	13-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		set (A,B)	<input type="checkbox"/>
QSA - Qualitative Screening Analysis	14-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		set (A,B)	<input type="checkbox"/>

1. Participation is possible as annual subscription (participation in all tests) and as participation tests.
2. By ticking in the column *continuous subscription*, your participation is registered as a permanent subscription. This is possible for annual subscriptions as well as for single participations of tests. The continuous subscription starts with the receipt of the registration form. If we have not receive a cancellation until 4 weeks before the start of the first test of the year, the subscription is renewed for 1 year.
3. Additional sample material can be ordered. The number of additional samples can be limited in particular of authentic hair material.