**Participation form** for the comparison EURAMET XY:

to be filled and signed and returned by dd.mm.yy

|  |  |
| --- | --- |
| **Institute (Acronym)** |  |
| **Contact person for comparison** |  |
| First name |  |
| Last name |  |
| E-mail |  |
| Phone |  |
| Fax |  |
| **Delivery address for standards** |  |
| Address |  |
| City |  |
| Zip code |  |
| Country |  |
| **Further Comments** |  |

On behalf of my institute,

I confirm that the institute is able to participate in the comparison according to the rules and procedures laid down in **EURAMET Guide on Comparison** or as agreed by the BoD, according to the rules and procedures laid down by CC [……..][[1]](#footnote-1) (if available) and in the **technical protocol** (in its approved current version) and will allocate the necessary resources and funds**.**

I acknowledge that the institute may be excluded from the comparison if the deadlines for measurements and reporting or necessary corrective actions are not met.

I accept that the EURAMET TC-Q may propose to the EURAMET Board of Directors to suspend or to grey out our CMCs of the institute in case of inconsistent results or the institute’s exclusion from the comparison in accordance with the EURAMET rules.

I am aware that the institute’s participation in the comparison or the submitted results may be withdrawn only in exceptional and justified cases.

In case of temporary unavailability or change of the contact person, a notification will be sent immediately to the pilot laboratory and the TC Chair. A (temporary) replacement person will be nominated.

Place and Date Name Signature

………………… ………………………………………………………

Authorised representative\* of the institute

On behalf of the pilot laboratory for the comparison,

I confirm that in addition to the declaration to be signed by participants of the comparison, the institute will provide the necessary resources (i.e. time, personnel and funds) to coordinate and steer the comparison and to keep to the agreed time scale.

Place and Date Name Signature

………………… ………………………………………………………

Authorised representative\* of the institute   
(pilot laboratory)

*\* Please note that it is up to the institute, based on its regulations, who is authorised to sign this form.*

EURAMET’s data privacy policy is available online under: <https://www.euramet.org/meta-menu/privacy-policy/>

1. Please specify the Consultative Committee (e.g. CC-AUV, EM, etc.). [↑](#footnote-ref-1)