Micronutrients Measurement Quality Assurance Program
Enrollment Form

Where correspondence should be directed:

Name: _____
Address: _____
_____
_____
_____
_____
E-mail address: _____
Telephone: _____
FAX Number: _____
TIN/EIN*: _____

Where samples should be shipped
(If different from that shown at left):

Name: _____
Address: _____
_____
_____
_____
_____
E-mail address: _____
Telephone: _____
FAX Number: _____

Date when you would like participation to begin: _____

Please check QA Program analytes currently being measured:

Retinol_____
"-Tocopherol_____
(-/$-Tocopherol _____
*-Tocopherol _____
Total $-Cryptoxanthin_____
Total $-Carotene_____

Trans-$-Carotene_____
"-Carotene_____
Retinyl Palmitate_____
Lycopene_____
Lutein_____
Total Zeaxanthin_____

Coenzyme Q_{10}_____
25-Hydroxyvitamin D_____
Vitamin K_1 _____
Vitamin C_____

Additional analytes you would like to have included in the program:

_____ _____ _____
_____ _____ _____
_____ _____ _____

Detailed description of equipment and methods used for analysis of the analytes in the QA program (please attach additional sheets if needed):

(Include type and model of equipment, detector wavelength(s), mobile phase composition, flow rate, LC column manufacturer and model, column dimensions, use of internal standards, etc.)

_____
_____
_____
_____
_____
_____

Before participation can begin, this form must be completed and returned to:

Micronutrients Measurement Quality Assurance Program
NIST
100 Bureau Drive Stop 8392
Gaithersburg, MD 20899-8392
Phone: (301)975-3120; FAX: (301) 977-0685

*The Taxpayer Identification Number (TIN) or Employer Identification Number (EIN) will be used for identification purposes only. Non-U.S. participants are excluded at this time.

CONFIDENTIALITY NOTICE: It is our policy that your laboratory identification number remains confidential. The data generated by this program are also confidential and are provided for your use only. Any data from other sources are included for comparison purposes only.

Revised 03/2004