དཔལ་ལྡན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག། མི་མང་གསོ་བའི་ལས་ཁུངས།

ROYAL GOVERNMENT OF BHUTAN
MINISTRY OF HEALTH
DEPARTMENT OF PUBLIC HEALTH
Royal Centre for Disease Control

National External Quality Assessment Scheme (NEQAS) in Antimicrobial Resistance (AMR)

Registration Form

For EQAS use only (shall be filled by the organizer)

Name of laboratory/hospital: ____

Laboratory confidential code no: ____

A. LABORATORY INFORMATION

Name and address of the identified person to whom the test panels shall be dispatched. The test report and feedback will also be sent to this address

Name of the focal person: ____

Designation: ____

Contact number: ____

Email ID: ____

NEQAS participation: **New participation** **Old participation**

Please check which program your laboratory would like to enroll

AMR in Bacteriology **Parasitological** **Gram staining**

B. POSTAL ADDRESS

Detailed address with postal code of the participating laboratory for shipping the test panel

____

____

____

____

This laboratory agrees to abide by the guidelines and conditions of participation of the NEQAS scheme

Name and Signature: ____

Designation: ____

Date: ____