

## CRX SANGER SEQUENCING SCHEME

Registration form:

	Participant Details
Laboratory	
Department	
Institute	
Street and number	
Postal code	
City	
Country	
Website/URL	
Contact email	
VAT number	
	Shipping Address
Contact Person	
Organization, institute	
Department, laboratory	
Street and number	
Postal code	
City, Country	
Telephone/Fax	

SEND BY E-MAIL TO: [EQAHumangenomics@gmail.com](mailto:EQAHumangenomics@gmail.com)

## CONFIDENTIALITY FORM for External Quality Assessment Program

A confidentiality agreement should be signed by all parties involved in the organization of EQA scheme. The names of the participating labs submitted data and the results are confidential between the individual lab and the scheme organizer of the External Quality Assessment Program.

- MAGI'S LAB SRL undertakes not to make use of and not to divulge to third parties any facts, information, knowledge, documents, or other matters communicated to him/her attention during the preparation and evaluation of the EQA scheme or any results arising there from.
- The participating laboratories give the right to MAGI'S LAB SRL to use their data for statistical analysis and report writing.

Name:

Date:

Signature: