

## Permission to notify results of proficiency tests

I, the undersigned, **first name and NAME, function,**  
representing the laboratory

**FULL NAME,**

**Adress,**

FAPAS, FEPAS, GEMMA, LEAP, .....\* Customer Number : .....

FAPAS, FEPAS, GEMMA, LEAP, .....\* Company name : .....

\*Delete or complete as applicable. One permission by provider and/or customer number.

Allow hereby the FAPAS (The Food and Environment Research Agency, Sand Hutton, York – YO41 1LZ, UK) to notify directly to the BU PT Schemes of the Federal Agency for the Safety of the Food Chain (FASFC), as competent authority, and on any way, the results (analytical results and assessment) of the proficiency tests it organizes (FAPAS, FEPAS, GEMMA, LEAP, PHYTOPAS, ...) and in which the laboratory takes part in the framework of its approval by the FASFC. Those data will be useful to complete the PT Schemes module for the follow-up of the proficiency tests.

The BU PT Schemes commits itself, on his part, to notifying immediately to the FAPAS each change in the laboratory's approval.

This permission will be valid once the document has been signed, and for the whole duration of the Programme April 2014 – March 2015. Each request for withdrawal of this permission shall be directed by recorded delivery to BU PT Schemes, Laboratoire fédéral pour la Sécurité alimentaire, Chaussée de Namur, 22 à 5030 Gembloux.

Done in ....., on .....

Signature

**List overleaf the test numbers the laboratory participate or attach a copy of the completed Proficiency Test order Form(s) in the framework of its approval.**

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