**Participation form for proficiency test antibiotics,** **anthelmintics and coccidiostats in compound feed at carry-over level 2016 – SCREENING and/or QUANTIFICATION -**

**2017-07**

|  |  |
| --- | --- |
| **Contact person:** |  |
| E-mail: |  |
| Username for RIKILT web application (for reporting results) | X....  |
|  |  |
| No username? Please register at:  | [Register](https://crlwebshop.wur.nl/apex/f?p=307:9018)  |

I will participate in the □ screening part

□ quantification part

|  |  |  |
| --- | --- | --- |
| Antibiotics included in scope\* | Anthelmintics included in scope\* | Coccidiostats included in scope\* |
| □ Erythromycin□ Josamycin□ Lincomycin□ Pirlimycin□ Spiramycin□ Tiamulin□ Tilmicosin□ Tylosin□ Tylvalosin□ Valnemulin□ Virginiamycin□ Chloramfenicol□ Chlortetracycline□ Doxycycline□ Oxytetracycline□ Tetracycline□ Furaltadon□ Furazolidon□ Nitrofurantoin□ Nitrofurazon□ Sulphadiazin□ Sulphamethazin□ Sulphamethoxazol□ Trimethoprim□ Other, i.e.: | □ Fenbendazol□ Flubendazol□ Ivermectin□ Levamisol□ Piperazin□ Pyrantel□ Other, i.e.: | □ Amprolium□ Clopidol□ Decoquinate□ Diclazuril□ Halofuginon□ Lasalocid□ Maduramicin□ Monensin□ Narasin□ Nicarbazin□ Robenidine□ Salinomycin□ Semduramicin□ Other, i.e.: |

\* Please tick which compounds are within the scope of your method(s).

I hereby accept the conditions for participation as outlined in the letter accompanying this form.

|  |  |
| --- | --- |
| Date / Signature:  |  |

Please e-mail a scan of it to pt.rikilt@wur.nl or fax this participation form to +31 317 417717 or sign a print of this document. Please subscribe before August 16 2017.

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