**Participation form for proficiency test antibiotics,** **anthelmintics and coccidiostats in compound feed at carry-over level – SCREENING or QUANTIFICATION – 2018-14**

|  |  |
| --- | --- |
| **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

|  |  |  |  |
| --- | --- | --- | --- |
| Compounds included in scope\* | | | |
| □ Erythromycin  □ Josamycin  □ Lincomycin  □ Pirlimycin  □ Spiramycin  □ Tiamulin  □ Tilmicosin  □ Tylosin  □ Tylvalosin  □ Valnemulin  □ Virginiamycin M1  □ Virginiamycin S1  □ Chloramfenicol  □ Chlortetracycline  □ Doxycycline  □ Oxytetracycline  □ Tetracycline  □ Furaltadon  □ Furazolidon  □ Nitrofurantoin  □ Nitrofurazon  □ Sulphadiazin  □ Sulphamethazin  □ Sulphamethoxazol  □ Trimethoprim | □ Fenbendazol  □ Flubendazol  □ Ivermectin  □ Levamisol  □ Piperazin  □ Pyrantel | □ Amprolium  □ Clopidol  □ Decoquinate  □ Diclazuril  □ Ethopabate  □ Halofuginon  □ Lasalocid  □ Maduramicin  □ Monensin  □  □ Narasin  □ Nicarbazin  □ Robenidine  □ Salinomycin  □ Semduramicin | □ Carbadox  □ Olaquindox |

\* 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 signed scan of it to [pt.rikilt@wur.nl](mailto:pt.rikilt@wur.nl). Please subscribe before October 22 2018.

Ingrid Elbers

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