



9TH ISTA PROFICIENCY TEST ON GMO TESTING
REGISTRATION FORM

If you wish to participate, please complete this form and return it before July 30, 2007.
Please refer to the announcement for more information.

Participating laboratory:

ISTA Code: _____
Name*: _____
Laboratory name: _____

Street: _____
City: _____
Country: _____
Phone, fax _____
E-mail: _____

* Person signing the MTA

Mail address for sample delivery if different from above:

Name: _____

Street: _____
City: _____
Country: _____

Please state special conditions to send samples into your country:

Yes, I am interested in testing the two extra samples of 50 seeds each for GM purity:

Please indicate whether your laboratory intends to perform a sub-sampling quantification (semi-quantitative test) or a quantitative test:

sub-sampling quantification quantitative test

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Date and signature