



Registration Form – 24th ISTA GMO Proficiency Test- Maize

If you wish to participate, please complete this form and return it to nadine.ettel@ista.ch **before November 15, 2024**. Please refer to the announcement for more information.

Participating laboratory:

Is your lab an ISTA Member lab?

If yes, ISTA Lab Code: _____

Have you participated in an ISTA GMO PT before?

If yes, ISTA GMO PT Code (GM##): _____

Name*: _____

Laboratory name: _____

Laboratory Address

Street: _____

City: _____

Country: _____

Post Code: _____

Phone, fax: _____

E-mail: _____

* Person signing the MTA

Name and mail address for sample delivery if different from above:

Name: _____

Street: _____

City: _____

Country: _____

Post Code: _____

Samples will be shipped from Sweden and the origin of the seeds is Puerto Rico.

Your laboratory is responsible to verify the special conditions for a successful import of the material. Please state **what documents are required** for sending samples into your country and how these documents should be sent (inside the box, outside the box, separately):

Import permit _____

Phytosanitary certificate: _____

Certificate of origin: _____

Other: _____

If an import permit is required, it needs to be sent to the nadine.ettel@ista.ch latest by **30 Nov 2024**. Due to legal restrictions or other circumstances, it might not be possible to ship samples to a laboratory. Therefore, ISTA reserves the right to cancel a registration at any time.

Please indicate the testing approach your laboratory intends to follow for the estimation of level of GM seeds:

sub-sampling (group testing)

quantitative test

Note: Sub-sampling is understood to follow a group testing approach, in which a seed sample is initially divided into groups (or pools) of seeds, and each group then individually tested for GM presence/absence (i.e. qualitative determination). Sub sampling does not refer to any test approach which involves reduction of the seed sample prior to analysis (i.e. where any portion of the sample is not tested). Please refer to Chapter 19 of the ISTA rules for further guidance.

Date & Signature: _____