**Request for kit or batch control diagnostic tests**

**Procedure**

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| --- |
| * Download this form, fill it in, print and sign. * Scan the completed form and send it as a pdf to: [toezicht.reavl@wur.nl](mailto:toezicht.reavl@wur.nl). * Include the original form in the package to be delivered to Wageningen Bioveterinary Research (WBVR) by postal service (use the address on top of this form). |

**Company**

|  |  |
| --- | --- |
| Name company |  |
| Name contact person |  |
| Street and number or PO Box |  |
| Postal Code, City |  |
| Country |  |
| Telephone |  |
| Email |  |
| VAT number |  |

**Declaration**

By signing this form for kit or batch control, the signer accepts to pay the costs for the batch control.

By signing this form the signer also agrees with the general conditions of Wageningen University & Research.

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

**Diagnostic test or reagent**

|  |  |
| --- | --- |
| Full name of test or reagent |  |
| Disease – Type of test or reagent |  |
| Producer |  |
| Batch nr / Lot nr |  |
| Release Date |  |
| Expiration Date |  |
| Type of application (check and make sure to include the required materials and documentation) | Kit control (include full manual, validation report, one complete batch of the test kit)  Batch control (include one complete batch of the test kit) |
| Program for which you apply (check both if both apply!) | Regulation for Recognition Veterinary Laboratories (Regeling erkenning veterinaire laboratoria)  Eradication program IBR/BVD (Bestrijdingsprogramma IBR/BVD) |
| Test matrix for which you want the test to be used after batch control (check all that apply) | Serum blood  Full blood  Milk samples  Ear punches  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Any changes of this batch in comparison with previous batches submitted for batch control (e.g. protocol, controls) should be stated here |  |