

# Registration Form – Proficiency Tests 2024

Lab code: \_\_\_\_\_ (as available)

this order is in addition to the existing continuous subscriptions

For changes of address or new registrations, please also complete the address form. Instructions on how to fill in the form can be found on the back!

PROFICIENCY TEST	PT No.	SUB	SINGLE PARTICIPATION <sup>1</sup>				ADD. SAMPLES Number per test	CONTINUOUS SUBSCRIPTION <sup>2</sup>
			1/24	2/24	3/24	4/24		
Proficiency Test	Order.No.	500	100	200	300	400	550	
BTMF - Drugs in Serum	1.11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> Set (A,B)	<input type="checkbox"/>
DOAB - Drugs in Blood	1.12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Set (A,B)	<input type="checkbox"/>
UF - Drugs in Urine	1.13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> Sample/s	<input type="checkbox"/>
SFD - Toxicol. Analysis for Driver Fitness Determination	1.14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> Sample/s	<input type="checkbox"/>
IDS - Immunological Drug Screening in Urine	1.15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Sample/s	<input type="checkbox"/>
DHF - Drugs in Hair	1.16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> Set (A,B)	<input type="checkbox"/>
DMS - Drug Screening in Hair	1.17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="text"/> Sample/s	<input type="checkbox"/>
QSA - Qualitative Screening Analysis	1.18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> Set (A,B)	<input type="checkbox"/>
GHB - GHB in Serum and Urine	1.19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> Set (A,B,C,D)	<input type="checkbox"/>
- GHB in Serum (only delivery of serum samples)	1.20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> Set (A,B)	<input type="checkbox"/>
SAL - Drugs in Saliva	1.21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="text"/> Set (A,B)	<input type="checkbox"/>
BZF - Benzodiazepines and Z-Drugs in Serum	2.30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> Set (A,B)	<input type="checkbox"/>
- BZF - Sample C	2.31.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> Probe (C)	<input type="checkbox"/>
STM - Replacement Drugs in Serum and Urine	2.32.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> Set (A, B)	<input type="checkbox"/>
TCA - Tricyclic Antidepressants in Serum	2.33.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Set (A,B,C,D)	<input type="checkbox"/>
TAB - Toxicological Analysis of Diagnostics of Brain Death	2.34.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="text"/> Sample/s	<input type="checkbox"/>
TDMA - Neuroleptics 1	2.35.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> Set (A,B,C,D)	<input type="checkbox"/>
TDMB - Anticonvulsants	2.36.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> Set (A,B)	<input type="checkbox"/>
TDMC - Neuroleptics 2	2.37.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> Set (A,B)	<input type="checkbox"/>
TDMD - Antidepressants 1	2.38.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> Set (A,B)	<input type="checkbox"/>
TDME - Antidepressants 2	2.39.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> Set (A,B)	<input type="checkbox"/>
OMS - Opioids in Serum	2.40.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="text"/> Set (A,B)	<input type="checkbox"/>
ETOH - Ethanol in Serum	3.50.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Set (A,B)	<input type="checkbox"/>
ETB - Ethanol in Blood	3.51.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Set (A,B)	<input type="checkbox"/>
AMF - Alcohol Consumption Markers in Serum	3.52.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Set (A,B)	<input type="checkbox"/>
PETH - Phosphatidylethanol in Blood	3.53.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> Set (A,B)	<input type="checkbox"/>
BGS - Congener Alcohols in Serum	3.54.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="text"/> Sample/s	<input type="checkbox"/>
ETG - Ethyl glucuronid in Serum and Urine	3.55.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> Set (A,B)	<input type="checkbox"/>
EGH - Ethyl glucuronide in Hair	3.56.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> Set (A,B)	<input type="checkbox"/>
ATU - Amanitin in Urine	4.70.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="text"/> Set (A,B)	<input type="checkbox"/>
MEP - Metanephrine in Plasma	4.71.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> Set (A,B)	<input type="checkbox"/>
NIC - Nicotine and Metabolites in Serum and Urine	4.72.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="text"/> Set (A,B)	<input type="checkbox"/>

<sup>1</sup> if subscription not ticked <sup>2</sup> see notes on the reverse side

Member of GTFCh

One total invoice for all proficiency tests

Sending of the result reports by:  Post  E-Mail

(please indicate the e-mail addresses on the address form)

\_\_\_\_\_  
date, signature

ARVECON GmbH  
 Kiefernweg 4  
 69190 Walldorf  
 Germany

**Notes on filling out the form**

Please mark here if you want to participate in all test of the year.

Please mark here if you want to participate only in particular tests. (for details see below)

Please enter here the number of additional samples, if you need additional sample material.

Please mark here if you want to register for a continuous participation.

PROFICIENCY TEST	PT No.	SUB	SINGLE PARTICIPATION <sup>1</sup>				ADD. SAMPLES Number per test	CONTINUOUS SUBSCRIPTION <sup>2</sup>
			1/24	2/24	3/24	4/24		
Proficiency Test	Order.No.	500	100	200	300	400	500	
BTMF - Drugs in Serum	1.11.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text" value="1"/> Set (A,B)	<input type="checkbox"/>
DOAB - Drugs in Blood	1.12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Set (A,B)	<input checked="" type="checkbox"/>
UF - Drugs in Urine	1.13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> Sample/s	<input type="checkbox"/>
SFD - Toxicol. Analysis for Driver Fitness Determination	1.14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> Sample/s	<input type="checkbox"/>
IDS - Immunological Drug Screening in Urine	1.15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Sample/s	<input type="checkbox"/>

1. Participation is possible as annual subscription (participation in all tests) and as participation tests.
2. By ticking in the column continuous subscription, your participation is registered as a permanent subscription. This is possible for annual subscriptions as well as for single participations of tests. The continuous subscription starts with the receipt of the registration form. If we have not receive a cancellation until 4 weeks before the start of the first test of the year, the subscription is renewed for 1 year.
3. Additional sample material can be ordered. The number of additional samples can be limited in particular of authentic hair material.