**Annex IX**

**Application form for single laboratories**

Nominating Member State: ………………………………………………..

Competent authority: ………………………………………………………….

Contact person regarding this application in the Member State:

Name: ………………………………………………………

Email:……………………………………………………

Phone number:…………………………………………..

Full name of candidate laboratory in English: ………………………………………..

Full name of candidate laboratory in national language: ….……………………………

Address of candidate laboratory: ……………………………………………………….

Proposed scope of designation:

|  |  |  |
| --- | --- | --- |
| **No** | **Category**  | **Please tick** |
| 1 | Detection or quantification of markers of hepatitis or retrovirus infection |  |
| 2 | Detection or quantification of markers of herpesvirus infection |  |
| 3 | Detection or quantification of markers of infection with bacterial agents |  |
| 4 | Detection or quantification of markers of arbovirus infection |  |
| 5 | Detection or quantification of markers of respiratory virus infection |  |
| 6 | Detection or quantification of markers of infection with haemorrhagic fever viruses or other biosafety level 4 viruses |  |
| 7 | Detection or quantification of markers of parasite infection |  |
| 8 | Detection of blood grouping markers |  |