

**Micronutrients Measurement Quality Assurance Program
Enrollment Form**

Where correspondence should be directed:

Where samples should be shipped (If different from that shown at left):

Name: _____

Name: _____

Address: _____

Address: _____

E-mail address: _____

E-mail address: _____

Telephone: _____

Telephone: _____

FAX Number: _____

FAX Number: _____

TIN/EIN*: _____

TAS*: _____

Date when you would like participation to begin: _____

Please check QA Program analytes currently being measured:

Retinol_____

Trans - β -Carotene_____

Coenzyme Q₁₀_____

α -Tocopherol_____

α -Carotene_____

25-Hydroxyvitamin D_____

(γ / β)-Tocopherol_____

Retinyl Palmitate_____

Vitamin K₁_____

δ -Tocopherol_____

Lycopene_____

Total β -Cryptoxanthin_____

Lutein_____

Total β -Carotene_____

Total Zeaxanthin_____

Additional analytes you would like to have included in the program:

Detailed description of equipment and methods used for analysis of the analytes in the QA program (please attach additional sheets if needed):

(Include type and model of equipment, detector wavelength(s), mobile phase composition, flow rate, LC column manufacturer and model, column dimensions, use of internal standards, etc.)

Before participation can begin, this form must be completed and returned to:

Micronutrients Measurement Quality Assurance Program

NIST

100 Bureau Drive Stop 8392

Gaithersburg, MD 20899-8392

Phone: (301)975-3120; FAX: (301) 977-0685

*The Taxpayer Identification Number (TIN) or Employer Identification Number (EIN) will be used for identification purposes only. Non-U.S. participants are excluded at this time. NIST also requires all U.S. federal agencies to provide a Treasury Account Symbol (TAS).

CONFIDENTIALITY NOTICE: It is our policy that your laboratory identification number remains confidential. The data generated by this program are also confidential and are provided for your use only. Any data from other sources are included for comparison purposes only.