

## Participant Registration Form for VITAL-EQA

*Fill all applicable yellow fields from sections 1 - 4.*

Please fully complete this form and return it to [vitaminalab@cdc.gov](mailto:vitaminalab@cdc.gov)

1. Participant Information for Enrollees	
1	Are you a new Enrollee (Yes/No)? If yes, skip to question 3
2	Existing VITA-EQA participants enter your VITAL-EQA Lab ID #
3	Enter the EQA year for which you are registering (ex: 2019)
4	Company/Institution:
5	Primary Contact (First and Last Name):
6	Telephone Number:
7	Email:
8	OPTIONAL: Additional or Alternate Email address:

2. VITAL-EQA Analytes					
	Sample Sets	Assay	Will Participate in Spring (April) Round (Yes/No to all)	Will Participate in Fall (October) Round (Yes/No to all)	VITAL-EQA vials contain 1mL of serum each Is > 1mL needed to conduct 2 measurements per vial?  SEE NOTE BELOW
1	B-Vitamins Set	Vitamin B12			
2		Folate			
3	Iron Indicators Set	CRP			
4		Ferritin			
5		sTfR			
6	Fat-Soluble Vitamins Set	Retinol			
7		25-hydroxy-vitamin D			
<p><b>NOTE:</b>                      Due to limited quantities of VITAL-EQA materials, we are unable to send more than one kit per analyte group to participants unless we recently received data demonstrating your need for the multiple sets (i.e. data showing that vials were combined or separate sets were used to conduct the full analysis associated with that panel).                      Unfortunately, we are unable to provide back-up vials or replace lost or damaged kits.</p>					

3. Shipping Details/Notes/Comments					
1	Do you want to receive both Spring and Fall samples together in one shipment (Yes/No)?				
2	Can you accept shipments with dry ice (Yes/No)?				
3	Can we charge the shipment to your shipping carrier account (Yes/No)?				
4	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Please provide your shipping carrier and account number:</td> <td style="border: none; width: 40%;">Carrier:</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Account Number:</td> </tr> </table>	Please provide your shipping carrier and account number:	Carrier:		Account Number:
Please provide your shipping carrier and account number:	Carrier:				
	Account Number:				
5	Please type your <u>Exact Shipping Address</u> below:				
	Recipient Name				
	Your Institution Name				
	Your Shipping Address				
	Your Phone				
	Your Email				