

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

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	Analyte	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>NOTE: 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 you accept shipments from FedEx (Yes/No)? (CDC will likely cover shipping costs).
4	If FedEx not accepted, provide alternate carrier information (CDC will not cover shipping costs): Carrier: Account Number:
5	Are there any special requirements/paperwork needed to clear this shipment (Yes/No)? If yes, describe in section 4.
6	Are there particular days of the week that the shipment should arrive (Yes/No)?
7	If so, please specify which days:
8	Please type your Exact Shipping Address below: Recipient Name Your Institution Name Your Shipping Address Your Phone Your Email
Optional: Broker Information	
9	Do you need a customs broker to clear the shipment in your country (Yes/No)? (CDC will not cover broker fees)
10	If so, provide Broker information: Broker Contact Name Broker/Company Broker Address Broker Phone Broker Email