



Invitation

Proficiency testing 2018 – Water Microbiology

Eurofins Food & Feed Testing Norway AS has been running PT programs in microbiology for over 20 years.

We offer accredited proficiency testing programs for food and water microbiology. Water microbiology samples cover all the parameters in the European Drinking Water Directive plus fungi.

Eurofins Food & Feed Testing Norway AS is accredited according to ISO /IEC 17043. Last valid accreditation document is available on our website www.eurofins.no and the Norwegian Accreditation website www.akkreditert.no.

All trials include the following analytical parameters:

| | |
|----------------------|---|
| Water samples | <ul style="list-style-type: none">• Heterotrophic colony count 22°C and 36°C• Coliforms• Thermotolerant coliforms• <i>Escherichia coli</i>• Intestinal enterococci• <i>Clostridium perfringens</i>• <i>Pseudomonas aeruginosa</i>• Mould• Yeast |
|----------------------|---|

For General Terms, please visit our website www.eurofins.no

Registration

Proficiency testing 2018

Water Microbiology



Tick the trials your laboratory wishes to participate in:

| | Trials 2018 | Date | Week | Wish to participate |
|--|-------------|-------------------|-------|---------------------|
| PT Water Microbiology NOK 5 082*,- incl. shipping | 18WT01 | Feb. 19 - Mar. 2 | 8-9 | |
| | 18WT02 | May 21 - Jun. 1 | 21-22 | |
| | 18WT03 | Sep. 24 - Oct. 5 | 39-40 | |
| | 18WT04 | Nov. 19 - Nov. 30 | 47-48 | |

Please return completed form to PT001@eurofins.no

* The price requires recording of results via our online solution. By manual submission of the results by Eurofins there will be an additional cost of NOK 410,-.

Information for sending samples

| | |
|---|--|
| LabID (If you have participated earlier): | |
| Official company name: | |
| Address: | |
| ZIP/Postal Code: | |
| City: | |
| Country: | |
| Contact: | |
| E-mail: | |
| Telephone: | |

Information for invoicing:

| | |
|--|--|
| Official company name: | |
| VAT number (or company registration number): | |
| Address: | |
| ZIP/Postal Code: | |
| City: | |
| Country: | |
| Invoice Reference: | |
| E-mail for sending invoice: | |

Please feel free to contact us if you would like additional information.

Best regards,

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