CLAIM/APPEAL BY PROFICIENCY TESTING PARTICIPANT

Name: 
Laboratory: 
Address: 
Tel.: 
Fax: 
e-mail: 

Description:

Date: _______________  Signature: ___________________

Do not fill in this section

Request received on __________________________

By the Director

the claim/appeal is valid?  YES ☐ NO ☐

action to be implemented following the claim/appeal (correction of the specific inadequacy, corrective action/s, information to be forwarded to the participant, etc.):

to be implemented before: _________________

Date: _______________  Signature: ___________________

The planned action has been implemented?  YES ☐ NO ☐

The participant was informed on the action implemented on: _________________  YES ☐ NO ☐

The participant declared to be satisfied with the action implemented  YES ☐ NO ☐

Date: _______________  Signature: ___________________