

**PROFICIENCY TESTING CODE 23-INM-EA-01**  
**PROFICIENCY TESTING FOR DETECTION of *Fusarium***  
***oxysporum* f.sp. *cubense* Tropical Race 4 using genomic DNA**

**DATA OF THE PARTICIPATING LABORATORY**

<b>Company/Laboratory Name</b>	
<b>Address</b>	
<b>City</b>	
<b>Phone number</b>	

**CONTACT PERSON DETAILS**  
**(Lab (laboratory) responsible)**

<b>Name</b>	
<b>Company/laboratory position</b>	
<b>Phone number</b>	
<b>Email</b>	

**Participation fee: \$ 0 COP**

<b>PARTICIPATION REQUIREMENTS</b>	<b>CHARACTERISTICS</b>
Comply with the established requirements in the section "REQUIREMENTS FOR PARTICIPATION" of the preliminary protocol.	You must carry out the entire registration process through our online portal: <a href="http://servicios.inm.gov.co/portal/">http://servicios.inm.gov.co/portal/</a> select the proficiency testing in which they expect to participate and attach all the required documentation.

**LABORATORY MANAGER**

**SIGNATURE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**DATE :** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Year / Month / Day

**REGISTRATION DEADLINE : 2023-04-05**

**MAXIMUM CAPACITY OF PARTICIPANTS: 30**