Applicant (corporate name):	Laboratory name:

V F127 (2025.05.12)	Proficiency Tests / Interlaboratory Comparison

Please fill in the programs you participated in and your future plans.

1. Records of proficiency tests and inter-laboratory comparisons

Program name and its provider	Most recent year and month of participation	Summary of the results of the validity assessment

2. Implementation plan for proficiency testing and inter-laboratory comparisons (within 1-2 years)

Program name and its provider	Planned date or period of participation	Test items or content

(Note 1) If you are submitting the information described in items 1 and 2 above, which is kept by the testing laboratory, you do not need to use this form.