

Annex X

Application form for a consortium

Nominating Member State 1:

Competent authority 1:

Contact person regarding this application in Member State 1:

 Name:

 Email:.....

 Phone number:.....

If applicable¹:

Nominating Member State 2:

Competent authority 2:

Contact person regarding this application in Member State 2:

 Name:

 Email:.....

 Phone number:.....

Consortium member 1

Full name of consortium member 1 in English:

Full name of consortium member 1 in national language:.....

Address of consortium member 1:

Consortium member 2²

Full name of consortium member 2 in English:

Full name of consortium member 2 in national language:.....

Address of consortium member 2:

Proposed scope of designation of the consortium as a whole:

No	Category	Please tick
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¹ Add Member States as appropriate

² Add Consortium members as appropriate

1	Detection or quantification of markers of hepatitis or retrovirus infection	
2	Detection or quantification of markers of herpesvirus infection	
3	Detection or quantification of markers of infection with bacterial agents	
4	Detection or quantification of markers of arbovirus infection	
5	Detection or quantification of markers of respiratory virus infection	
6	Detection or quantification of markers of infection with haemorrhagic fever viruses or other biosafety level 4 viruses	
7	Detection or quantification of markers of parasite infection	
8	Detection of blood grouping markers	