

**Annex IX**

**Application form for single laboratories**

Nominating Member State: .....

Competent authority: .....

Contact person regarding this application in the Member State:

    Name: .....

    Email:.....

    Phone number:.....

Full name of candidate laboratory in English: .....

Full name of candidate laboratory in national language: .....

Address of candidate laboratory: .....

Proposed scope of designation:

No	Category	Please tick
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	