

**Micronutrients Measurement Quality Assurance Program
Enrollment Form**

Where correspondence should be directed:

Name: _____
Address: _____

E-mail address: _____
Telephone: _____
FAX Number: _____

**Where samples should be shipped
(If different from that shown at left):**

Name: _____
Address: _____

E-mail address: _____
Telephone: _____
FAX Number: _____

Date when you would like participation to begin: _____

Please check QA Program analytes currently being measured:

Retinol _____	<i>Trans</i> - β -Carotene _____	Coenzyme Q ₁₀ _____
α -Tocopherol _____	α -Carotene _____	25-Hydroxyvitamin D _____
γ -Tocopherol _____	Retinyl Palmitate _____	Vitamin K ₁ _____
δ -Tocopherol _____	Lycopene _____	
Total β -Cryptoxanthin _____	Lutein _____	
Total β -Carotene _____	Total Zeaxanthin _____	

Additional analytes you would like to have included in the program:

Detailed description of equipment and methods used for analysis of the analytes in the QA program (please attach additional sheets if needed):

(Include type and model of equipment, detector wavelength(s), mobile phase composition, flow rate, LC column manufacturer and model, column dimensions, use of internal standards, etc.)

Before participation can begin, this form must be completed and returned to:

*Micronutrients Measurement Quality Assurance Program
NIST
100 Bureau Drive Stop 8392
Gaithersburg, MD 20899-8392
Phone: (301)975-3120; FAX: (301) 977-0685*

CONFIDENTIALITY NOTICE: It is our policy that your laboratory identification number remains confidential. The data generated by this program are also confidential and are provided for your use only. Any data from other sources are included for comparison purposes only.