



APAC PT T116 (Non-Polar and Polar Pesticides in Water) - APAC Proficiency Testing Nomination Form for Accreditation Body

10 mins estimated time to complete

Instructions

(A) Please provide details of your nominated laboratory/laboratories

(B) Complete this form by 30 June 2026.

Section A: Information on Accreditation Body

Contact details of Accreditation Body

1. Name of Accreditation Body

2. Salutation

  

3. Name of Contact Person

4. Designation

5. Email Address

A copy of the responses will be sent to this email address

6. Telephone Number

 

7. Postal Address

8. Postal Code

9. City

10. Economy

  

11. APAC Membership

  

Section B: Information on Nominated Laboratory/Laboratories

Full members of APAC may nominate a maximum of two laboratories to participate in this PT programme. Associate members of APAC may nominate a maximum of one laboratory to participate in the PT programme.

Nominated Laboratory 1

12. Name of Institute/Company

13. Name of Laboratory/Department

14. Salutation

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15. Name of Contact Person

16. Designation

17. Email Address

18. Telephone Number

To facilitate communication with courier and participating laboratories and to avoid delivery delays or lost shipments, the participating laboratories are required to provide a reliable contact telephone

number, preferably a mobile phone number.

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19. City

20. Economy

Select an option ▼	×
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21. Is the nominated laboratory accredited in accordance with ISO 9001 / ISO/IEC 17025?
Or other standards or regulation?

Yes

No

Others

22. Is there a need for a special custom permit or have special request for the sample to
be sent to the laboratory?

If yes, please provide details under 'Others'

Yes

No

Others

Nominated Laboratory 2 (optional)

23. Name of Institute/Company (optional)

24. **Name of Laboratory/Department** (optional)

25. **Salutation** (optional)

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26. **Name of Contact Person** (optional)

27. **Designation** (optional)

28. **Email Address** (optional)

29. **Telephone Number** (optional)

To facilitate communication with courier and participating laboratories and to avoid delivery delays or lost shipments, the participating laboratories are required to provide a reliable contact telephone number, preferably a mobile phone number.

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30. **City** (optional)

31. **Economy** (optional)

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32. Is the nominated laboratory accredited in accordance with ISO 9001 / ISO/IEC 17025?
Or other standards or regulation? (optional)

Yes

No

Others

33. Is there a need for a special custom permit or have special request for the sample to
be sent to the laboratory? (optional)

If yes, please provide details under 'Others'

Yes

No

Others

Notification of Acceptance

The Accreditation Body and the laboratories will be informed on the acceptance of their participation in the PT programme(s) after the deadline for nomination.

A Registration Form for Participating Laboratory will be sent directly to the laboratories for completion.

Ref. No.: CML-STY-0191B/02

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