



## ECAT FOUNDATION

International External Quality Assessment Programme in  
Thrombosis and Haemostasis

### REGISTRATION FORM

Name responsible person : .....

Hospital / Institute : .....

Address : .....

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Phone : .....

FAX : .....

E-mail : .....

Name for receipt of samples : .....

Hospital / Institute : .....

Address : .....

.....

Phone : .....

FAX : .....

E-mail : .....

Name for receipt of invoice : .....

Hospital / Institute : .....

Address : .....

.....

Phone : .....

FAX : .....

E-mail : .....

VAT number : .....

VAT under which name  
registered : .....