Application form - Alternative Method

*v.6 2018-07-12*

MicroVal validation / certification of an alternative microbiological method (ISO 16140-2)

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| Please send this application form to: *microval@nen.nl*or *MicroVal, P.O.Box 5059 NL 2600 GB Delft*  | To be completed by MicroVal Secretariat |
| Registration No. | Date recieved |
| **1** | **Alternative method**  |
|  | Name Product technology (when applicable: e.g., PCR device)Special equipment required yes/no?Software version?Scope (e.g. dairy, meat)Analytical parameters / Microorganisms Reference method (ISO or other)Target food categoriesKit insert version number | ------- |
| Has this method been validated before? | **□** No **□** Yes, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (please add relevant information) |
| **2.** | **Manufacturer / distributor** |
|  | Company nameContact name and titleAddressPhone numberE-mailNumber of employees | ------ |

|  |  |
| --- | --- |
| **3.** | **Expert lab**  |
| Name Contact | - -  |
| If you have not yet selected a lab, please check the list of MicroVal Expert Labs [here](http://microval.org/en/certification-procedure/4-2which-laboratories-can-help-me/).  |
| **4.** | **Production site**  |
| Company nameContact name and titleAddressPhone numberE-mailNumber of employees | **-****-****-****-****-****-** |
| **5.** | **Quality Management System at the production site** |
| - ISO 9001- ISO 13485- Other: | **□** No **□** Yes (please add a copy of the certificate)**□** No **□** Yes (please add a copy of the certificate)**□** No **□** Yes, namely: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **6.** | **Certification Body**  |
| Company nameContact Phone numberEmail  | Lloyd’s Register QAMr. Peter Vizee+31 10 2018 401Microval@nen.nl / peter.vizee@lr.org  |
| **7.** | **Do you opt for a harmonized study with AOAC-RI and/or NordVal?** You will have to apply for a validation study at either AOAC or NordVal yourself. |
| - AOAC-RI PTM- NordVal | **□** No **□** Yes **□** No **□** Yes  |

Date: ………………………………….

Company: ……………………………........

Name: …………………………………..

Signature: …………………………………..

Please complete the enclosed kit insert evaluation.

Kit Insert / User Manual Evaluation

|  |  |  |  |  |
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| **1.** | **Intended users**  |  |  | Remarks |
| Does the kit insert identify intended users? | **□** Yes | **□** No |  |
| **2.** | **Identification**  |
| Is the version of kit insert identifiable? | **□** Yes | **□** No |  |
| **3.** | **Applicability**  |
| Does the kit insert identify the matrix(es) and target analytes that the kit is designed for, and include precautionary statements on potential interferences and other known limitations of the test if applicable? | **□** Yes | **□** No |  |
| **4.** | **Interpretation Criteria** |
| Does the kit insert explain how the test is interpreted? | **□** Yes | **□** No |  |
| **5.** | **Instructions** |
| Does the kit insert describe test sample preparations and handling or or any analyte extraction that is required?  | **□** Yes | **□** No |  |
| Does the kit insert include complete instructions on how to conduct the test?  | **□** Yes | **□** No |  |
| Does the kit insert describe the use of any internal or external quality control features? | **□** Yes | **□** No |  |
| Does the kit insert state which part of the method is MicroVal certified?  | **□** Yes | **□** No |  |
| **6.** | **Shelf Life**  |  |  |  |
| Does the labelling include information about the shelf life and storage conditions for the kit? | **□** Yes | **□** No |  |
| **7.** | **Detection Limit /Limit of Quantitation**  |
| If applicable, does the kit insert include the limits of detection and/or quantitation.  | **□** Yes | **□** No |  |
| Do the claimed LOQ / LOD agree with supporting data? | **□** Yes | **□** No |  |
| **8.** | **Technical Assistance** |
| Does the kit insert provide information (Website, email, telephone and FAX numbers) where users can obtain technical assistance? | **□** Yes | **□** No |  |