

European Laboratory Initiative (ELI) on TB, HIV and viral hepatitis Membership Application Form

Name and title:	Dr / Prof / Mr / Ms				
Name of Institute:					
Position:					
Address:					
Telephone:		Fax:		E-mail:	

Please indicate as applicable:

National reference laboratory TB, HIV or viral hepatitis

Supranational Reference Laboratory

Other laboratory

Other, please specify: _____

Comments and suggestions:

I have read and agreed to the scope and purpose of ELI and requirements for ELI membership. I shall be responsible for informing the ELI secretariat if my contact details change.

Signature:

Date:

Please return this form to:

Name: European Laboratory Initiative
 Programme: Joint Tuberculosis, HIV and viral hepatitis Programme (JTH)
 Address: World Health Organization Regional Office for Europe
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