**Annex X**

**Application form for a consortium**

Nominating Member State 1: ………………………………………………..

Competent authority 1: ………………………………………………………….

Contact person regarding this application in Member State 1:

Name: ………………………………………………………

Email:……………………………………………………

Phone number:…………………………………………..

**If applicable[[1]](#footnote-1):**

Nominating Member State 2: ………………………………………………..

Competent authority 2: ………………………………………………………….

Contact person regarding this application in Member State 2:

Name: ………………………………………………………

Email:……………………………………………………

Phone number:…………………………………………..

**Consortium member 1**

Full name of consortium member 1 in English: ………………………………………..

Full name of consortium member 1 in national language:…………………………………

Address of consortium member 1: ……………………………………………………….

**Consortium member 2[[2]](#footnote-2)**

Full name of consortium member 2 in English: ………………………………………..

Full name of consortium member 2 in national language:………………………………

Address of consortium member 2: ……………………………………………………….

Proposed scope of designation of the consortium as a whole:

|  |  |  |
| --- | --- | --- |
| **No** | **Category**  | **Please tick** |
| 1 | Detection or quantification of markers of hepatitis or retrovirus infection |  |
| 2 | Detection or quantification of markers of herpesvirus infection |  |
| 3 | Detection or quantification of markers of infection with bacterial agents |  |
| 4 | Detection or quantification of markers of arbovirus infection |  |
| 5 | Detection or quantification of markers of respiratory virus infection |  |
| 6 | Detection or quantification of markers of infection with haemorrhagic fever viruses or other biosafety level 4 viruses |  |
| 7 | Detection or quantification of markers of parasite infection |  |
| 8 | Detection of blood grouping markers |  |

1. Add Member States as appropriate [↑](#footnote-ref-1)
2. Add Consortium members as appropriate [↑](#footnote-ref-2)