**EQA Withdrawal Request Form (complete this form and email to** **info@genqa.org****)**

**Gxxxxx**

**GenQA Laboratory**

**Participant Name:**

**Number:**

**EQA Code: EQA Name:**

|  |
| --- |
| **Reason for Withdrawal Request** |
|  |

**Requested by:** …………………………………………..………………..**. Date:** ………………………

**Laboratory Position:** …………………………………………………………………………….………

|  |
| --- |
| **For GenQA use only** |
| Withdrawal accepted |  | Initials and date |
| Participant informed |  | Initials and date |
| EQA updated |  | Initials and date |
| Action recorded on the Withdrawal invoicing adjustment spreadsheet for the correct year (if accepted).  |  | Initials and date |