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|  | | | | **APPLICATION  for participation in the ILC program** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ILC 1900-23** | | | | **BLOOD PRESSURE GAUGES** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ILC SPECIFICATION:** | | | | | | | | Organization and evaluation of the below specified interlaboratory comparison in accordance with the international standard EN ISO/IEC 17043. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TEST ITEM:** | | | | | Digital pressure gauge with tonometer range | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TYPE:** | | | | | GMH 3161-07B | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MANUFACTURER:** | | | | | GREISINGER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RANGE:** | | | | | (-10 to 420) mbar | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SPECIFICATION:** | | | | | Hysteresis and linearity: | | | | | | | | | | | | | | | | | | ± 0,1 % FS | | | | | | | | |
|  | | | | | Resolution: | | | | | | | | | | | | | | | | | | 0,1 mmHg | | | | | | | | |
|  | | | | | Overloadability: | | | | | | | | | | | | | | | | | | Max 1 bar | | | | | | | | |
| **MEASUREMENT POINTS:** | | | | | **0** | | | | | **50** | | | | **100** | | | | **150** | | | | | **200** | | | **250** | | | **300** | | **mmHg** |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **B** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TEST ITEM:** | | | | | Deformation tonometer | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TYPE:** | | | | | NOVA | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MANUFACTURER:** | | | | | BOSO | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RANGE:** | | | | | (0 to 300) mmHg | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SPECIFICATION:** | | | | | Scale division: | | | | | | | | | | | | | | | | | | 2 mmHg | | | | | | | | |
|  | | | | | Scale diameter: | | | | | | | | | | | | | | | | | | 125 mm | | | | | | | | |
| **MEASUREMENT POINTS:** | | | | | **0** | | | | | **50** | | | | **100** | | | | **150** | | | | | **200** | | | **250** | | | **290** | | **mmHg** |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TEST ITEM:** | | | | | Mercury tonometer | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TYPE:** | | | | | - | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MANUFACTURER:** | | | | | ARTSANA | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RANGE:** | | | | | (0 to 300) mmHg | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SPECIFICATION:** | | | | | Scale division: | | | | | | | | | | | | | | | | | | 2 mmHg | | | | | | | | |
| **MEASUREMENT POINTS:** | | | | | **0** | | | | | **50** | | | | **100** | | | | **150** | | | | | **200** | | | **250** | | | **290** | | **mmHg** |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:** | | | | | | | Each laboratory will measure in the extent of its technical capabilities. | | | | | | | | | | | | | | | | | | | | | | | | |
| **MEASUREMENT METHOD:** | | | | | | | Direct comparison with the standard pressure gauge | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOTE:** | | | | | | | The deformation tonometer must be read out after tapping.. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | All meters should be measured in the loading and unloading direction. | | | | | | | | | | | | | | | | | | | | | | | | |
| **REF CMC:** | | | | | | | 0,1 mmHg (without including the properties of the calibrated meter) | | | | | | | | | | | | | | | | | | | | | | | | |
| **We want to measure:\*** | | | | | | | **A** | | | |  | | | | | | **B** | | | |  | | | | | | | **C** | |  | |
| **\*** | | | | | | | Please tick your chosen test items | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reference laboratory:** | | | | | | | | | | | | CMI RI Praha, Department of temperature, humidity and pressure | | | | | | | | | | | | | | | | | | | |
| **Technical expert:** | | | | | | | | | | | | Ing. Josef Vojtíšek | | | | | | | | | | | | | | | | | | | |
| **Starting of the ILC:** | | | | | | | | | | | | June 2023 | | | | | | | | | | | | | | | | | | | |
| **Estimated termination of the ILC:** | | | | | | | | | | | | December 2023 | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ILC PRICE:\*\*** | | | | | | | **780 EUR** | | | | | | | | | | | | | | | **+ Transport costs** | | | | | | | | | |
| **\*\*** | | | | | | | The ILC price covers all the above mentioned test items and does not depend on the applicant choice. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Payment:** | | | | | | | The ILC price + transport costs (or partial transport costs in case of more ILC participants in the locality) **will be charged after performing the measurement (before issuing the final ILC documentation)** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ILC PROVIDER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Name:* | | | | | | | **Czech Metrology Institute (Český metrologický institut)** | | | | | | | | | | | | | | | | | | | | | | | | |
| *Address:* | | | | | | | **Okružní 31, 638 00 Brno, Czech Republic** | | | | | | | | | | | | | | | | | | | | | | | | |
| *Company ID / Tax ID:* | | | | | | | **00177016** | | | | | | | | | | | | | | | | | | **CZ00177016** | | | | | | |
| *Number of account:* | | | | | | | **34534-198139621 (Bank code: 0710)** | | | | | | | | | | | | | | | | | | | | | | | | |
| *IBAN / SWIFT:* | | | | | | | **CZ88 0710 0345 3401 9813 9621** | | | | | | | | | | | | | | | | | | **CNBACZPP** | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICANT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Company name:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| *Company address:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| *Laboratory address (if not identical with company address):* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| *Address for invoicing (if not identical with the company address):* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| *Company ID / Tax ID:* | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |
| **Legal representative of the APPLICANT authorized for signing contracts:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Name:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| *Position:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| *Tel:/email:* | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |
| **Contact person responsible for technical issues within this ILC subject:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Name:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| *Position:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| *Tel:/email:* | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |
| **Information for the ILC TIME SCHEDULE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Period not suitable for measurement:* | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| This **Application** together with the **General Terms and Conditions for Interlaboratory** **Comparison** (<https://www.cmi.cz/interlaboratory_comparison?language=en>) constitutes the legal contract between the Czech Metrology Institute (CMI) and the Applicant. The Applicant is aware of its obligation to pay the costs for this ILC program to the CMI account. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Purchase order (PO) of the APPLICANT No:** **\*\*\*** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **\*\*\*** | *If the APPLICANT issues a PO, this should be annexed to this application.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Official confirmation of this APPLICATION:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The APPLICANT herewith undertakes to provide his full cooperation during this ILC program.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ad A)** | | **The applicant will provide cooperation during the test item(s) transport and customs clearance, if relevant, according to the instructions given in the time schedule.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ad B)** | | **The applicant will use the test item(s) for measurements within this ILC program according to the stated BILC instructions and the items manufacturer, not expose the test item(s) to any extreme influences and not to change any of the test item(s) setting.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ad C)** | | **The applicant is responsible for any damages of the test item(s) cause by not proper manipulation or failure to the stated instructions. In case of any test item damage the applicant is obliged to provide the adequate compensation to CMI.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ad D)** | | **The applicant will use the test item(s) only for measurements within this ILC program according to the stated time schedule.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ad E)** | | **The applicant will deliver the required measurement results to the ILC Department within 2 weeks after the completion of his measurements.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ad F)** | | **The applicant takes into account that for the purposes of performing demanded ILC CMI will process necessary personal data of the contact person provided by the applicant.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **In** | | |  | | | | | | | | | | | | | **Date** | | | |  | | | | | | | | | | | |
| Stamp and signature of the **APPLICANT’s** legal representative: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| **In** | | | **Brno** | | | | | | | | | | | | | **Date** | | | |  | | | | | | | | | | | |
| **CMI**  CMI legal representative: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Deadline for emailing the application:** | | | | | | | | | | | | | | | **20.05.2023** | | | | | | | | | | | | | | | | |
| **CMI contact person:** | | | | | | Simona Klenovská, *Head of the ILC Department* | | | | | | | | | | | | | | | | | | | | | [sklenovska@cmi.cz](mailto:sklenovska@cmi.cz) | | | | |
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