**Performance Evaluation Request**

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| **Applicant's Name** |  |
| **Affiliated Institution** |  |
| **Address** |  |
| **Phone** |  |
| **E-mail** |  |
| **Detailed Request Content** | |
| **Evaluation Category** | ☐ Molecular Test Kit Performance Evaluation  ☐ Immunoassay Test Kit Performance Evaluation  ☐ Drug Susceptibility Test Kit Performance Evaluation  ☐ Disinfectant Performance Evaluation  ☐ Other (Please Specify) |
| **Purpose** |  |
| **Specimen Type** |  |
| **Need for IRB Approval** |  |
| We request a performance evaluation to the Korean Institute of Tuberculosis with the following content.  Date of Application:  Applicant: (Signature) | |