

## SIM COMPARISON REGISTRATION AND STATUS REPORT

<b>1. MWG Section/Field:</b>		<b>2. Comparison identification number:</b>		
<b>3. Type of comparison:</b> Key <input type="checkbox"/> Supplementary <input type="checkbox"/> Pilot study <input type="checkbox"/>		<b>4. Subject area:</b>		
<b>5. Participating institutes (and countries):</b>				<b>Bilateral</b> <input type="checkbox"/>
NMI Acronym	NMI Name	Country	Contact	Comments
<b>6. Pilot laboratory:</b>				
<b>7. Measurand, unit and nominal value(s):</b>				

**8. Description:****9. Progress:** *(Please note date and tick appropriate box to indicate current status)*

Date	Status	Pilot	Supplementary	Key
	Proposed to MWG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Protocol submitted to MWG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Protocol agreed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Accepted and registered by TC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Measurements in progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Measurements completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Report in progress	<input type="checkbox"/>	Draft A <input type="checkbox"/>	Draft A <input type="checkbox"/>
			Draft B <input type="checkbox"/>	Draft B <input type="checkbox"/>
	Report submitted to MWG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Results approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Approved for Equivalence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Progression to Key Comparison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Abandoned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:****Publication reference:****10. Measurement start date:****11. Expected measurement completion date:****12. Contact person's name:****Address:****Telephone:**  
**e-mail****Fax:**  
**Web address:****13. Registration form submitted by:****14. Date:**