



Join the New Diagnostics Working Group

To fill out the form, please save it to your computer and complete the fields below.

E-mail the completed form to the New Diagnostics Working Group Secretariat at

NDWG@finddiagnostics.org

First Name:	_____	Family Name:	_____
Designation:	_____		
Area of work:	<input type="checkbox"/> TB control <input type="checkbox"/> Clinical care of TB patients <input type="checkbox"/> Laboratory services delivery <input type="checkbox"/> Basic science research <input type="checkbox"/> Diagnostic test development <input type="checkbox"/> Diagnostic test evaluation <input type="checkbox"/> Epidemiology <input type="checkbox"/> Other, please specify: _____		
Sector:	<input type="checkbox"/> PUBLIC sector	<input type="checkbox"/> PRIVATE sector	
Institution:	_____		
Country:	_____		
Email address:	(primary) _____		
	(secondary if any) _____		

Please indicate the main reason(s) for joining the NDWG:

- Involvement in NDWG subgroup work
- Information on latest developments
- Networking with other members
- Participation in the NDWG Annual Meeting
- Other, please specify: _____

Thank you for your interest in the New Diagnostics Working Group!