**Submitter information**

Name (first name, lats name):

Institution:

City and country:

Email address:

**Instructions**

For comments on the EDL 5 applications:

Dear submitter, please indicate the number of the application, the name of the test being addressed and related assay format for which you are providing comments under the blue cells of the table below. Please indicate the EDL 5 application section and the question number to which your comment refers to under “Locator”,e.g. Evidence of IVD performance, question 21. Please, provide your input under “Comments with supporting evidence” and provide supporting evidence to substantiate your statements. Kindly use a different row for each comment. You can add as many rows as needed. Once completed, send your public consultation form to [EDLSecretariat@who.int](mailto:EDLSecretariat@who.int)

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| --- | --- | --- | --- |
| **EDL 5 application number** | **IVD category name and assay format** | **Locator** | **Comments with supporting evidence** |
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**Instructions**

For comments on the EDL 4 table:

Dear submitter, please indicate the name of the test being addressed and related assay format for which you are providing comments in the blue row of the table below. Please indicate the EDL 4 level (I or II) and the subsection (a. General tests; b. Disease specific tests; or c. Blood screening) under “Locator”. If you are providing comments for section Do not do recommendations indicate so under “Locator”. Please, provide your input under “Comments with supporting evidence” and provide supporting evidence to substantiate your statements. Kindly use a different row for each comment. You can add as many rows as needed. Once completed, send your public consultation form to [EDLSecretariat@who.int](mailto:EDLSecretariat@who.int)

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| **EDL 4 IVD category name and assay format** | **Locator** | **Comments with supporting evidence** |
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