# Read and Understand List

In the matrix below the documents are indicated which should be read and understood by the staff members of the national public health laboratory. Write your signature in the appropriate cell below your name in the row where the document is indicated that you have read. If this cell is crossed you do not have to read the document indicated in that row.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Code and title of document** | **[*name staff member*]** | **[*name staff member*]** | **[*name staff member*]** | **[*name staff member*]** | **[*name staff member*]** | **[*name staff member*]** | **[*name staff member*]** | **[*name staff member*]** | **[*name staff member*]** | **[*name staff member*]** | **[*name staff member*]** |
| [*code and title of document*] |  |  |  |  |  |  |  |  |  |  |  |
| [*code and title of document*] |  |  |  |  |  |  |  |  |  |  |  |
| [*code and title of document*] |  |  |  |  |  |  |  |  |  |  |  |
| [*code and title of document*] |  |  |  |  |  |  |  |  |  |  |  |
| [*code and title of document*] |  |  |  |  |  |  |  |  |  |  |  |
| [*code and title of document*] |  |  |  |  |  |  |  |  |  |  |  |
| [*code and title of document*] |  |  |  |  |  |  |  |  |  |  |  |
| [*code and title of document*] |  |  |  |  |  |  |  |  |  |  |  |
| [*code and title of document*] |  |  |  |  |  |  |  |  |  |  |  |
| [*code and title of document*] |  |  |  |  |  |  |  |  |  |  |  |
| [*code and title of document*] |  |  |  |  |  |  |  |  |  |  |  |
| [*code and title of document*] |  |  |  |  |  |  |  |  |  |  |  |
| [*code and title of document*] |  |  |  |  |  |  |  |  |  |  |  |
| [*code and title of document*] |  |  |  |  |  |  |  |  |  |  |  |