



The Scientific Association Dedicated to Analytical Excellence®



Proficiency Testing Provider  
Certificate Number 1782.01

## AOAC Laboratory Proficiency Testing Program Enrollment Form 2017

**INSTRUCTIONS:** To order additional samples in the AOAC Laboratory Proficiency Testing Program, complete all sections (Steps 1-5) on this form including payment and/or a purchase order. **Once completed, click the "SUBMIT" button located on the bottom of page 2 to send electronically or print and fax to 301-924-7087.**

### STEP 1: PROGRAM SELECTION, RATES AND ADDITIONAL SAMPLE DATE(S)

a) Select the AOAC Laboratory Proficiency Testing Program(s) your laboratory will enroll in by checking the appropriate box(s) to the left of listed program(s); and b) select your shipment date(s). **Labs must enroll 30 days prior to a scheduled shipment – click to view [Program Description and Enrollment Deadlines](#).**

Prices are effective January 1, 2017 to December 31, 2017.

Enrollment Date (today's date): \_\_\_\_\_

Proficiency Testing Programs Program Enrollment: Partial Year	Ship Dates Check ALL that apply: <small>See <a href="#">Enrollment Deadlines</a></small>	# of Shipments (ex: Q1+Q2=2)	Cost Per Shipment <small>Includes shipping in the U.S.</small>	Total Cost <small>(# of Shipments x Cost per Shipment)</small>
<input type="checkbox"/> <b>M01Q</b> Standard Microbiology Program	<input type="checkbox"/> Q1: 01-23-17 <input type="checkbox"/> Q2: 04-24-17 <input type="checkbox"/> Q3: 07-24-17 <input type="checkbox"/> Q4: 10-09-17		<b>\$1,025.00</b>	
<input type="checkbox"/> <b>M08Q</b> Standard Microbiology Program without <i>E. coli</i> O157:H7	<input type="checkbox"/> Q1: 01-23-17 <input type="checkbox"/> Q2: 04-24-17 <input type="checkbox"/> Q3: 07-24-17 <input type="checkbox"/> Q4: 10-09-17		<b>\$1,025.00</b>	
<input type="checkbox"/> <b>M09Q</b> Standard Microbiology Program without <i>E. coli</i> O157:H7 & <i>Listeria</i>	<input type="checkbox"/> Q1: 01-23-17 <input type="checkbox"/> Q2: 04-24-17 <input type="checkbox"/> Q3: 07-24-17 <input type="checkbox"/> Q4: 10-09-17		<b>\$1,025.00</b>	
<input type="checkbox"/> <b>M02Q</b> Pathogen-Free Microbiology	<input type="checkbox"/> Q1: 02-13-17 <input type="checkbox"/> Q2: 05-08-17 <input type="checkbox"/> Q3: 08-14-17 <input type="checkbox"/> Q4: 11-13-17		<b>\$800.00</b>	
<input type="checkbox"/> <b>M03Q</b> Meat Microbiology 1 ( <i>Salmonella</i> )	<input type="checkbox"/> Q1: 03-06-17 <input type="checkbox"/> Q2: 06-05-17 <input type="checkbox"/> Q3: 09-11-17 <input type="checkbox"/> Q4: 12-04-17		<b>\$865.00</b>	
<input type="checkbox"/> <b>M04Q</b> Meat Microbiology 2 ( <i>E. coli</i> O157:H7)	<input type="checkbox"/> Q1: 03-06-17 <input type="checkbox"/> Q2: 06-05-17 <input type="checkbox"/> Q3: 09-11-17 <input type="checkbox"/> Q4: 12-04-17		<b>\$915.00</b>	
<input type="checkbox"/> <b>M05Q</b> Meat Microbiology ( <i>Listeria</i> )	<input type="checkbox"/> Q1: 03-06-17 <input type="checkbox"/> Q2: 06-05-17 <input type="checkbox"/> Q3: 09-11-17 <input type="checkbox"/> Q4: 12-04-17		<b>\$915.00</b>	
<input type="checkbox"/> <b>M10Q</b> Combination Meat Microbiology ( <i>Salmonella</i> , <i>E. coli</i> O157:H7, & <i>Listeria</i> )	<input type="checkbox"/> Q1: 03-06-17 <input type="checkbox"/> Q2: 06-05-17 <input type="checkbox"/> Q3: 09-11-17 <input type="checkbox"/> Q4: 12-04-17		<b>\$1,385.00</b>	
<input type="checkbox"/> <b>M12Q</b> Combination Meat Microbiology ( <i>Salmonella</i> & <i>Listeria</i> )	<input type="checkbox"/> Q1: 03-06-17 <input type="checkbox"/> Q2: 06-05-17 <input type="checkbox"/> Q3: 09-11-17 <input type="checkbox"/> Q4: 12-04-17		<b>\$1,073.00</b>	
<input type="checkbox"/> <b>C01Q</b> Meat Chemistry	<input type="checkbox"/> Q1: 03-07-17 <input type="checkbox"/> Q2: 06-06-17 <input type="checkbox"/> Q3: 09-12-17 <input type="checkbox"/> Q4: 12-05-17		<b>\$625.00</b>	
<input type="checkbox"/> <b>C02Q</b> Cheese Chemistry	<input type="checkbox"/> Q1: 03-07-17 <input type="checkbox"/> Q2: 06-06-17 <input type="checkbox"/> Q3: 09-12-17 <input type="checkbox"/> Q4: 12-05-17		<b>\$650.00</b>	
<input type="checkbox"/> <b>P01Q</b> Pesticide Residues in Fruits & Vegetables	<input type="checkbox"/> Q1: 02-14-17 <input type="checkbox"/> Q2: 06-13-17 <input type="checkbox"/> Q4: 10-10-17		<b>\$1,454.00</b>	
<input type="checkbox"/> <b>IF01Q</b> * Infant Formula & Adults Nutritionals	Q1: 03-2018    Q2: 06-2018 Q3: 09-2018    Q4: 12-2018		<b>\$650.00</b>	

**TOTAL PROGRAM FEE:**

Shipping fees are included in the Program Cost per round which is applicable to

continental U.S. locations only. **For Canada and Mexico please add \$50.00 USD per round. Other international locations email [LPTP@aoac.org](mailto:LPTP@aoac.org).**

\*Not currently under AOAC 's Scope of Accreditation

Bank Wire Transfers \$25 additional fee will be added.

If cold storage box is required (International destinations) there will be an additional \$200 charge.

Your enrollment date is considered to be the date AOAC receives written notification for a new enrollment or renewal in the Laboratory Proficiency Testing Program. If cancellation is received after your enrollment date or your lab is removed for non-payment, AOAC will charge an early termination fee of \$150.00 per program and, if applicable, any prorated fees associated with sample shipment(s). See AOAC's Laboratory Proficiency Testing Billing Policies for full details.



# AOAC INTERNATIONAL

## Laboratory Proficiency Testing Program (Partial Year)

### Billing Policies - FAQs

Required: Please initial next to each billing item.

1. **What is my enrollment date?**

Your enrollment date is considered to be the date AOAC INTERNATIONAL receives written notification for a new enrollment or renewal in the Laboratory Proficiency Testing Program.

2. **Why does my lab need to enroll 30 days prior to a shipment?**

AOAC provides participant numbers to the test material provider 30 days prior to a scheduled shipment. In order to receive a shipment your lab must be included on this list. Note: new enrollees with no prior credit history with AOAC must prepay. If prepayment is not received 30 days prior to the requested start date, your enrollment will start with the next shipment available upon receipt of payment.

3. **What should I do if the primary contact person for the program changes at my lab?**

It is the labs responsibility to email AOAC at [LPTP@aoac.org](mailto:LPTP@aoac.org) and provide us with the name, email, and telephone number of the new contact person. *Please note: Only one email address per lab is allowed.*

4. **When is my labs payment due?**

Prepayment is required for all partial enrollments. AOAC reserves the right to change these terms at any time and request prepayment for accounts that have a past due credit history.

5. **Will AOAC notify me about my labs renewal in the PT program?**

**NO.** AOAC will send a general notification with the partial year enrollment form. It is up to the lab to set up a partial year enrollment schedule by returning the completed enrollment form to AOAC.

6. **What do I need to do once I have received my renewal email?**

Complete and return the partial year enrollment form by the enrollment deadline.

7. **What happens if I do not reply to AOAC's renewal email by the renewal deadline?**

Your lab will automatically be removed from the program.

8. **What should I do if my lab needs to cancel a shipment?**

Notify AOAC by email [LPTP@aoac.org](mailto:LPTP@aoac.org) at least 30 days prior to a scheduled shipment with your Site ID, lab name, and reason why your lab must cancel. If cancellation is received after the 30 day period you are responsible for payment of samples reported to the test material provider.

9. **How do I cancel full participation in the Proficiency Testing Program?**

Notify AOAC by email [LPTP@aoac.org](mailto:LPTP@aoac.org) at least 30 days prior to a scheduled shipment with your Site ID, lab name, and reason why your lab must cancel. If cancellation is received after your enrollment date, AOAC will charge an Early Termination Fee of \$150.00 per program and, if applicable, any prorated fees associated with sample shipment(s) reported or received.

10. **What happens if payment has not been made by the time my labs first set of samples are scheduled to ship?**

Based upon your written notification and commitment of enrollment in the program AOAC will ship your first set of samples; however, AOAC reserves the right to not release your results until payment has been received.

11. **My Invoice is Past Due. What should I do?**

Please contact AOAC immediately at [LPTP@aoac.org](mailto:LPTP@aoac.org) to provide payment status or to make payment arrangements, if necessary. If payment is not received within 2 weeks from your invoice due date, your lab will be removed from the program. Also, AOAC will charge an Early Termination Fee of \$150.00 per program and, if applicable, any prorated fees associated with sample shipment(s).

## STEP 2: SHIPPING INFORMATION

**No P.O. Boxes.** Only exact street shipping address. Shipping carriers cannot deliver to PO Boxes. Please contact the proficiency testing department at 301-924-7077 ext. 150 if shipping outside the continental United States shipping cost vary.

Contact Name: \_\_\_\_\_  
Laboratory Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

## STEP 3: BILLING INFORMATION

Contact Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

## STEP 4: PAYMENT (\*PREPAYMENT IS REQUIRED)

Purchase Order No. \_\_\_\_\_ (For reference ONLY. Prepayment is Required to complete enrollment.)

Check No. \_\_\_\_\_ (Make payable to AOAC International, US funds only)  
Remit to: 2275 Research Blvd, Ste 300  
Rockville, MD 20850-3250 USA

Visa  MasterCard  American Express

Credit Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CSC # \_\_\_\_\_

Signature of card holder \_\_\_\_\_

Bank wire transfer: Fee \$25.00

**\*\*For bank wire transfer information please email [LPTP@aoac.org](mailto:LPTP@aoac.org). \*\* After the wire transfer has been arranged with your bank, fax a copy of the wire transfer with enrollment form to 301-924-7087.**

## STEP 5: SUBMIT TO AOAC

**Click the "Submit" button below to send electronically to AOAC INTERNATIONAL.**

Or print the enrollment form and send it via fax to (301) 924-7087. If you have questions regarding programs or enrollment please contact AOAC at 301-924-7077 ext. 153 or email [LPTP@aoac.org](mailto:LPTP@aoac.org).

### FOR AOAC INTERNAL USE ONLY:

Site ID: _____	PTP: _____	Invoice No.: _____	<input type="checkbox"/> NEW Enrollment <input type="checkbox"/> Other: _____ <input type="checkbox"/> Re-enrollment
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