

AOAC INTERNATIONAL Reference Material/ Method Matching

Date: _____	Phone: _____
Name: _____	Fax: _____
Address: _____ _____	E-Mail: _____
Background: _____ _____ _____ _____	
AOAC Official Method Number and Title: _____ _____	
Applicable paired Reference Material: _____	
Title and/or description: _____ _____ _____	
Source of Reference Material: _____ _____	
Reference Material Matrix: _____	
RM Supplier Assigned Value: _____	
RM Supplier Assigned Range and Definition: _____ _____	
Number of Data Points (if available): _____	
Analytical Mean: _____ _____	
95% Confidence Interval of Mean (+ or - 2 S.D.) _____	
Number of data points used to arrive at Mean and SD: _____	
Stability of Reference Material: (Expiration Date): _____	
Homogeneity of Reference Material: _____ _____ _____	

Shipping and Storage: _____

Process Tracking

1) Submitter

Desired date for completion of evaluation by RM/MM Committee: _____

2) RM/MM Committee Members

Accept Reject Signature: _____ Date: _____

3) RM/MM Chairman

Accept Reject Signature: _____ Date: _____

4) General Referee

Accept Reject Signature: _____ Date: _____

Desired date for completion of evaluation by Official Methods Committee: _____

5) Official Methods Committee Members

Accept Reject Signature: _____ Date: _____

Desired date for completion of evaluation by Official Methods Board:

6) Official Method Board Members

Accept Reject Signature: _____ Date: _____