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Performance Tested MethodsSM
Reviewed & Recognized Application

Date:	
Test Kit Name:	
Catalog Number(s):	
Prior Validation Organization:	
Manufacturer:	Contact Person:
Address:	Title:
	Email:
	Tel:
	Fax:

Intended Use

Analyte: _____

- Qualitative Screening Foods
 Quantitative Environmental Surfaces
 Identification/Confirmation
 Other _____

Scope of Validation

PTM Certification

Reference Method(s):

- BAM/MLG/AOAC ISO Health Canada
 Other _____

Harmonized PTM/OMA Review

Matrices Being Claimed

Food(s):

Surfaces:

AOAC Research Institute Application Fee:

\$5,000 Base Application Fee

10% Discount for 5 or more Simultaneous Applications

Total Fee: \$ _____

Application Sponsor is responsible for the entire cost of the independent testing even if the application is abandoned or terminated for any reason by the Application Sponsor.

Application Fee is non-refundable if the Parallel Independent Testing procedure is utilized.

The AOAC Research Institute makes no guarantees that results from the independent testing will support performance claims of the kit to be reviewed.

I have read and agree to the conditions of this application for PERFORMANCE TESTED METHODSSM status as described in the AOAC Research Institute Performance Tested MethodsSM Program Policies and Procedures Manual.

Signature

Date

Title