

Performance Tested MethodsSM Program

ANNUAL REVIEW APPLICATION

200-X

Test Kit Name:

Catalog Number(s):

License Number:

Manufacturer:

Address:

Contact Person:

Title:

Tel:

Fax:

I certify that:

- 1) the design and formulation for the test kit identified above has not been changed or altered in any way from the test kits evaluated by the AOAC Research Institute;
- 2) the manufacturing and QA/QC programs for the test kit identified above have not been modified or changed;
- 3) the literature and materials attached to this renewal application are complete, and accurately represent all literature and materials that display the *Performance Tested MethodsSM* certification mark;
- 4) any and all changes or revisions to the package insert or operator's manual, and any changes or re-formulations of the test kit or the instrumentation used with this test kit have been disclosed to the AOAC Research Institute.

Signed by:

Name: _____

Title: _____ Date: _____

I have read and understand the terms and conditions of the *Performance Tested MethodsSM* status as described in the AOAC Research Institute's *Performance Tested MethodsSM* Program POLICIES AND PROCEDURES Manual.

Signed by:

Name: _____

Title: _____ Date: _____

FEES: Renewal of *Performance Tested MethodsSM* Certification

US \$3,500.00¹

Please attach TWO copies of all package inserts, operators manuals, box labels, and reagent labels distributed or used with the certified test kit; and two copies of any other literature or materials in which the *Performance Tested MethodsSM* certification mark appears (flyers, advertisements).

¹: If electronic copies of the application submission and fees are received prior to December 1, a \$500 discount per kit will be given.