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Performance Tested MethodsSM
Application for Consulting Services

Manufacturer:	
Test Kit Name:	
Catalog Number(s):	
Address:	Contact Name:
	Title:
	Email:
Date:	Tel:
Is Method intended for Distribution by another company : Y N	Distributor/Sponsor:

Intended Use

Analyte(s): _____

- | | |
|--|---|
| <input type="checkbox"/> Qualitative Screening | <input type="checkbox"/> Foods |
| <input type="checkbox"/> Quantitative | <input type="checkbox"/> Environmental Surfaces |
| <input type="checkbox"/> Identification/Confirmation | <input type="checkbox"/> Other _____ |

Scope of Validation

- | | |
|--|--|
| <input type="checkbox"/> PTM Certification | <input type="checkbox"/> Harmonized PTM/OMA |
| <input type="checkbox"/> Harmonized PTM/MicroVal | <input type="checkbox"/> Harmonized PTM/OMA/MicroVal |

Reference Method(s)

BAM/MLG/AOAC

ISO

Health Canada

Other _____

Matrices Being Validated

Food(s):

Surfaces:

Comments

Additional Comments or Requests:

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CONSULTING SERVICE ORDER FORM		
<i>Place an X in box next to option(s) of choice</i>	<i>DESCRIPTION</i>	<i>PRICE (US DOLLARS)</i>
	<i>Performance Tested Methods (Base Consulting Fee)</i>	\$ 3,000.00
	<i>Harmonized Consulting Services:</i>	\$ 1,000.00
	<i>PTM-OMA Harmonized Consulting Service</i>	
	<i>PTM-MicroVal Harmonized Consulting Service</i>	
	<i>PTM-OMA-MicroVal Harmonized Consulting Service</i>	
	<i>Contributing Member Discount</i>	\$ -1,000.00
TOTAL FEES (US DOLLARS)		

This application for Consulting Services must be submitted with a signed copy of the Consulting Agreement.

Signature

Date

Title