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***Performance Tested Methods*<sup>SM</sup>**  
**PTM Review Application**  
**PTM / OMA Review Application**

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

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

**Reference Method(s)**

BAM/MLG/AOAC

ISO

Health Canada

Other \_\_\_\_\_

**Matrix Claim**

Food(s):


Surfaces:


**Comments**

Additional Comments or Requests:

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<b>METHOD VALIDATION REVIEW ORDER FORM</b>		
<i>Place an X in box next to option(s) of choice</i>	<b>DESCRIPTION</b>	<b>PRICE (US DOLLARS)</b>
	<i>Performance Tested Methods PTM (base application fee)</i>	<b>\$ 21,000.00</b>
	<i>Research Institute Contributing Member Discount</i>	<b>\$ -6,000.00</b>
	<i>Discount for Utilizing RI Consulting Services</i>	<b>\$ -500.00</b>
	<i>10% Discount for submission of 5 or more simultaneous applications</i>	
	<b>Harmonized Validations:</b>	
	<i>PTM-OMA Harmonized Method Validation (base application fee)</i>	<b>\$ 56,000.00</b>
	<i>RI Contributing Member &amp; AOAC Organizational Affiliate Discount</i>	<b>\$ -26,000.00</b>
<b>TOTAL FEES (US DOLLARS)</b>		

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 status as described in the AOAC Research Institute Performance Tested Methods Program Policies and Procedures Manual.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title