AOAC Research Institute
481 N. Frederick Ave, Suite 500
Gaithersburg, MD 20877-2417
Telephone: +1-301-924-7090
Fax: +1-301-924-7089

METHOD MODIFICATION REVIEW FORM

Test Kit Name:
Catalog Number(s):
Performance Tested License Number:
Manufacturer:
Address:

Application Sponsor (if not the same as the Manufacturer listed above):
Contact Person:

Tel:	Title:
E-mail address:	Fax:

Proposed Change(s) to the Test Kit