

Appendix F

STUDY DIRECTOR APPOINTMENT FORM

DATE:

Method Title:

Method Investigator Name:

Title:

Affiliation (Company):

Mailing Address:

Phone Number:

Fax Number:

Email Address:

General Referee:

Statistician:

Safety Advisor:

The following criteria and supporting documentation has been received:

1. Complete contact information has been provided.
2. A Volunteer Acceptance Form (VAF) has been received.
3. The candidate is an AOAC member in good standing.
4. A protocol or manuscript has been received.
5. A letter of support from the employer of the candidate has been received (if applicable).
6. A resume (CV) for the candidate has been received.
7. Lab facilities are available for the use of the candidate.

Please click desired check box:

- APPROVAL GRANTED*
- *REVISE AND REVIEW*
- *NOT RECOMMENDED*

*Comments are needed for "**revise and review**" and "**not recommended**"

Comments:

Name:

General Referee

Date:

Please complete, date and email to