



# **AOAC RESEARCH INSTITUTE**

## **AOAC PERFORMANCE TESTED METHODS (PTM)**

# **APPLICATION FOR ANNUAL RENEWAL METHOD REVISIONS 2019**

**for Proprietary and Sole Source Methods**

### **PART I - AUTHORIZED METHOD SUBMITTER CONTACT INFORMATION**

Please note that this application must be completed and submitted by the contact that is authorized by the organization to pursue and obtain validation and/or the development of protocols. All correspondence in relation to this application will be directed to the contact listed in this section.

**First Name \***

**Last Name \***

**Organization \***

**Title \***

**Address \***

**Include City/Town, State/Country & Postal Code \***

**Email Address \***

example@example.com

**Telephone \***

**Legal Name of Method and PTM number: \***

## **PART I.A. - FINANCIAL CONTACT INFORMATION**

Please provide the contact information for the person within your organization that will be responsible for receiving and processing the payments for invoicing.

**Financial Contact: First Name \***

**Financial Contact: Last Name \***

## Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

## Telephone \*

## E-mail

example@example.com

## PART II - TERMS & CONDITIONS

Please read all Terms and Conditions. (*Certain items are subject to change*).

AOAC INTERNATIONAL Policy Documents [Use of Association Name](#) [Anti-Trust](#) [Volunteer Conflict of Interest](#)

AOAC Research Institute Fee Schedule

[AOAC Research Institute Fee Schedule](#)

**\*I have read and agree to the terms and conditions.**

Accept

Decline

## **PART IV - METHOD AUTHOR CONTACT INFORMATION**

The method or study author is the person who will be primary contact for the method submission, including correspondence regarding method reports and reviews.

**Method Author Contact Information:**

**Co-Method Author Contact Information:**

## **PART V - METHOD INFORMATION**

**Legal Name of Method/Product: \***

**Catalog Number(s) - (if applicable)**

**PTM Certification # \***

**Original Validated Method Applicability and Intended Use \***

**INDICATE THE TYPE OF PROPOSED MODIFICATION OR EXTENSION \***

Add/Subtract Matrix	Add/Subtract Analyte	Analytical Range(s)/limits
Apparatus Reagents	Calculations or Figures	Confirmation/Determination
Editorial/Clerical Changes	Enrichment/Extraction	Extend to New Reference
Instrumentation/Technology	Interpretation of Results	Manufacturing Location
Method/Reagent Stability	Procedure Order	Proprietary Components
Sample Size/Preparation		

**Summarize the Proposed Modification or Extension \***

**Summarize How the Proposed Modification will be Evaluated.**

**PART VI - METHOD SAFETY CHECKLIST**

**Are any materials used or compounds formed that are explosive or flammable \***

YES

NO

**Are there any side reactions that could occur that might produce flammable or explosive products or conditions?**

YES

NO

**Are there any hazards created from electric or mechanical equipment? \***

YES

NO

**Are pressure differentials created that could result in an explosion or implosion \***

YES

NO

**Would there be increased hazards if the reaction temperature were increased even modestly? \***

YES

NO

**Are special procedures required if a spill of the reaction mixture occurs? \***

YES

NO

**Is there a risk in producing a dangerous aerosol? \***

YES

NO

**Are special procedures required for the disposal of reagents or reaction products? \***

YES

NO

**Are there any potential hazards in handling or storage of reagents, test samples, or standards? \***

YES

NO

**Are there any other hazards that should be addressed regarding the method? \***

YES

NO

**Does your method use chlorinated solvents? \***

YES

NO

**If your method uses chlorinated solvents, have non-chlorinated solvents equivalent to chlorinated solvents been investigated? \***

YES

NO

**Please note if there are any organisms and/or their products that are: (please check all that apply.) \***

allergenic

carcinogenic

mutagenic

pathogenic

tetratogenic

otherwise a significant health hazard

no known associated health or safety risk

**Please note any substances used or formed that are any of the following: (please check all that apply.) \***

abortogenic

carcinogenic

mutagenic

radioactive

tetratogenic

otherwise a significant health hazard

no known associated health or safety risk

## **PART VII - AUTHORIZATIONS FOR SUBMISSION**

**Is this method recognized or adopted by another organization or agency outside of AOAC? \***

YES

NO

**Please list the name(s) of the organization(s) or agency(ies). \***

**Does the organization(s) or agency(ies) support the proposed modification being submitted to AOAC? \***

YES

NO

**Please provide the name and contact information (including email ) for the primary or secondary representative at the organization(s) or agency(ies) as it relates to this method. \***

**Please describe why the organization(s) or agency(ies) listed in this section does (do) not support the proposed modification. \***

**For Sole Source Methods/Non-Proprietary: Please provide the name and contact information (including email ) for 5-10 Primary Stakeholders or End-Users of the method. \***

**Date Submitted \***



Month Day Year

**Comments:**

**Thank you for visiting AOAC INTERNATIONAL [www.aoac.org](http://www.aoac.org)**