

**AOAC RESEARCH INSTITUTE**  
CONSULTING SERVICE - TESTING PROTOCOL  
DEVELOPMENT

**APPLICATION FOR PROTOCOL DEVELOPMENT**

***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 validations and/or 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 (if applicable): \***

**Date Submitted \***



Month Day Year

***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

**E-mail \***

example@example.com

**Phone Number:**

## ***PART II - TERMS & CONDITIONS***

**Please read all of the AOAC INTERNATIONAL Terms and Conditions ( certain items are subject to change ). Consulting Services (Validation Protocol Development & Review) AOAC INTERNATIONAL Policy Documents Use of Association Name Anti-Trust Volunteer Conflict of Interest I have read and agree to the terms and conditions. \***

Accept

Decline

**AOAC Research Institute Fee Schedule**

[AOAC Research Institute Fee Schedule](#)

## ***PART III- METHOD PROGRAMS***

### **For which method assessment program is/are testing protocol(s) to be developed? \***

AOAC Performance Tested (PTM) - New Method

AOAC Performance Tested (PTM) - Modification

Harmonized AOAC Performance Tested (PTM) and AOAC Official Methods (OMA)

Harmonized AOAC Performance Tested (PTM) and AFNOR

Harmonized AOAC Performance Tested (PTM) and MICROVAL

Harmonized AOAC Performance Tested (PTM) and NORDVAL

### **Type of Protocol Requested: \***

PTM Protocols

SLV Protocol

Multi-laboratory / Collaborative Study Protocol(s)

### **Reference Method(s), if applicable:**

BAM/MLG/AOAC

ISO

Health Canada

## ***PART IV- METHOD INFORMATION***

### **LEGAL METHOD NAME: \***

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

**PTM Certification/OMA # (if applicable)**

**Method Applicability and Intended Use \***

**Matrices to be reviewed: \***

**Brief Description of proposed Modification/Extension:**

***UPLOAD ATTACHMENTS\****

***PART V- 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 does use 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 used/present that are: (Please check all all that apply.) \***

allergenic

carcinogenic

mutagenic

pathogenic

tetratogenic

otherwise a significant health hazard

no known associated health or safety risk

**Please note if any substances used or formed 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

**If the answer to any of the above questions is yes, please include the appropriate precautionary statements in method write-up. Provide specific information on hazard and attach it to this form.**

**Additional Comments:**

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

**Office Use Only:**