

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

## **APPLICATION FOR METHOD SUBMISSION**

### **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 \***

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

**Telephone \***

**Email Address \***

example@example.com

**LEGAL NAME OF METHOD: \***

**Date of Submission: \***



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

**Telephone \***

**E-mail**

example@example.com

**PART II - TERMS & CONDITIONS**

Please read all Terms and Conditions (Certain Terms and Conditions 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 III- METHOD REVIEW

**Please select the type of method review program to which you wish to apply. \***

AOAC Performance Tested Method (PTM)

Harmonized AOAC Performance Tested (PTM) and AFNOR

Harmonized AOAC Performance Tested (PTM) and MICROVAL

Harmonized AOAC Performance Tested (PTM) and NORDVAL

Harmonized AOAC PTM to Official Methods of Analysis (OMA)\*

\* Please note, following the PTM review Method Developers' will need to submit an OMA application to advance to the OMA program.

## 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)**

**Briefly describe Sample Preparation Procedure**

**Briefly describe analyte isolation procedures (Enrichment, Extraction procedures - if available)**

**Briefly describe method of detection/ determination/identification**

**Briefly describe any method confirmation, if applicable**

**State Matrices to be reviewed: \***

**Method Applicability and Intended Use \***

**Comments:**

Double-click to edit this text...

## INDEPENDENT LABORATORY RECOMMENDATIONS

Please recommend at least three independent laboratories from which bids can be solicited. **Please be sure that the three laboratories are different. The AOAC-RI reserves the right to choose additional laboratories from which to solicit independent laboratory bids.**

**Potential Independent Laboratory #1 \***

**Potential Independent Laboratory #2 \***

**Potential Independent Laboratory #3 \***

Double-click to edit this text...

**I UNDERSTAND THAT THE METHOD DEVELOPER AGREES TO PAY THE AOAC RESEARCH INSTITUTE THE ESTIMATED COSTS PER THE ACCEPTED BID OF THE INDEPENDENT LABORATORY FOR THE INDEPENDENT VALIDATION EVALUATION. AFTER THE INDEPENDENT EVALUATION IS COMPLETE, AOAC RESEARCH INSTITUTE WILL PROVIDE THE METHOD DEVELOPER AN INVOICE FOR ACTUAL FEES. AMOUNTS WILL BE RECONCILED IF ESTIMATED COSTS DIFFER FROM ACTUAL COSTS. THE INDEPENDENT LABORATORY REPORT MAY NOT BE RELEASED UNTIL ALL INDEPENDENT LABORATORY FEES HAVE BEEN REMITTED TO THE AOAC RESEARCH INSTITUTE. ADDITIONAL INDEPENDENT TESTING REQUIRING AN INCREASE IN COSTS WILL NOT BE PERFORMED WITHOUT THE WRITTEN APPROVAL OF THE METHOD DEVELOPER. \***

I AGREE

I DISAGREE

### **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

**Comments on the Safety of the Method:**

If the answer to any question in this section is yes then, Please include appropriate precautionary statements in method write-up; and Provide specific information on hazard and attach it to this sheet.

**I UNDERSTAND THAT APPLICATION FEES MUST BE REMITTED PRIOR TO THE COMPLETION OF THE METHOD REVIEW TO RECEIVE COMPLETED DATA FOR FINAL REVIEW \***

YES

NO

**I CERTIFY THAT THE RESPONSES IN THIS APPLICATION ARE ACCURATE TO THE BEST OF MY KNOWLEDGE. \***

YES

NO

**I CERTIFY THAT I AM AUTHORIZED TO SUBMIT THIS APPLICATION. \***

YES

NO

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

**Office Use Only:**