

# AOAC Performance Tested Methods Program

## 2019 ANNUAL REVIEW APPLICATION

Method Developer Information This information in this section should represent the information in the signed AOAC Research Institute Certification Mark License Agreement

### Organization \*

### Address \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

### Name of Method Developer Representative Authorized to Complete this Form \*

### E-mail of Representative \*

example@example.com

### Title of the Representative \*

### Telephone Number of Representative \*

## METHOD INFORMATION

**Method or Test Kit Name \***

**Performance Tested Certification Number ( located on your certificate and certification mark ) \***

**Catalog Number(s) ( Please separate numbers with a comma or semicolon )**

**Is method distributed under a different method name? \***

YES

NO

**If yes, please give the other name(s)**

**Verification Regarding Revisions or Changes to Methods or Test Kits**

**ARE THERE LEVEL 1 OR LEVEL 2 MODIFICATIONS THAT YOU WOULD LIKE TO INCLUDE WITH THIS RENEWAL \***

- Yes
- No

Please complete the Modification application: [Renewal Modification Application](#)

**I certify that the design and formulation for the method or test kit identified above has not been changed or altered in any way from the methods or test kits evaluated by the AOAC Research Institute. \***

- YES
- NO

**I certify that the manufacturing and QA/QC programs for the test kit identified above have not been modified or changed . \***

- YES
- NO

**I certify that the literature and materials attached to this renewal application are complete, and accurately represent all literature and materials that display the AOAC Performance Tested Methods certification mark. \***

- YES
- NO

**I certify that any and all changes or revisions to the package insert or operator's manual, and any changes or re-formulations of the method, test kit or the instrumentation used with this method or test kit have been disclosed to the AOAC Research Institute. \***

- YES
- NO

**If "NO" has been answered to any of the above, please disclose the change(s), modification(s) or revision(s).**

**Required Documentation for Review**

**Please include the following documents:**

- Package Insert
- User Guide
- Box Labels/Reagent Labels
- Marketing Materials where your Certification is noted

**Terms and Conditions**

I have read and understand the terms and conditions of the AOAC *Performance Tested Methods* status as described in the AOAC Research Institute's *Performance Tested Methods* Program POLICIES AND PROCEDURES Manual. **Annual Renewal Policies and Procedures** [Policies & Procedures](#) FEES: Renewal of AOAC *Performance Tested* Certification is **\$3,000.00 (USD)**

**All Modifications MUST be submitted at the time of the Renewal. Modifications received after renewal submission will not be covered under the Annual Renewal benefit.**

**I certify that I have reviewed and agreed to all of the Terms and Conditions. \***

YES NO

**I certify that all of the responses on this application and submitted documentation are accurate to the best of my knowledge. \***

YES NO

**I understand that remittance must be received by the AOAC Research Institute prior to review of this application and supporting documentation.. \***

YES NO

**Today's Date \***



Month Day Year

**Do you have an additional submission? \***

yes no

**Thank you for your Participation!**

**Office Use Only;**

## **METHOD INFORMATION**

**Method or Test Kit Name \***

**Performance Tested Certification Number ( located on your certificate and certification mark ) \***

**Catalog Number(s) ( Please separate numbers with a comma or semicolon )**

**Is method distributed under a different method name? \***

YES

NO

If yes, please give the other name(s)

**Verification Regarding Revisions or Changes to Methods or Test Kits**

**ARE THERE LEVEL 1 OR LEVEL 2 MODIFICATIONS THAT YOU WOULD LIKE TO INCLUDE WITH THIS RENEWAL \***

Yes

No

Please complete the Renewal Modification application [Renewal Modification 2018 ..](#)

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