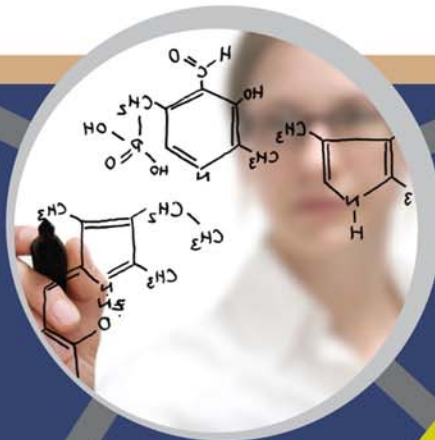


# AIHA Proficiency Analytical Testing Programs, LLC



2010  
Fee Schedule

..... **Demonstrate Your Laboratory's Proficiency**  
..... Become Proficient in a PAT Program

## This booklet contains the following:

### Proficiency Analytical Testing (PAT) Programs Enrollment Forms and Fees

- Industrial Hygiene Proficiency Analytical Testing (**IHPAT**) Program, pgs 4 and 5
- Environmental Lead Proficiency Analytical Testing (**ELPAT**) Program, pgs 4 and 6
- Environmental Microbiology Proficiency Analytical Testing (**EMPAT**) Program, pgs 4 and 7
- Bulk Asbestos Proficiency Analytical Testing (**BAPAT**) Program, pgs 4 and 8
- Beryllium Proficiency Analytical Testing (**BePAT**) Program, pgs 4 and 9
- Proficiency Analytical Testing (**PAT**) Participation Agreement, page 4 (must be submitted along with the PAT Enrollment Form)

### Order Forms

- Proficiency Analytical Testing (**PAT**) Stock Samples Order Form, page 10
- Proficiency Analytical Testing (**PAT**) Retest Order Form, page 11

# PROFICIENCY ANALYTICAL TESTING (PAT)

The PAT programs listed below are available to all laboratories.

1. Industrial Hygiene Proficiency Analytical Testing (**IHPAT**) Program
2. Environmental Lead Proficiency Analytical Testing (**ELPAT**) Program
3. Bulk Asbestos Proficiency Analytical Testing (**BAPAT**) Program
4. Environmental Microbiology Proficiency Analytical Testing (**EMPAT**) Program
5. Beryllium Proficiency Analytical Testing (**BePAT**) Program

## General Guidelines:

1. Once enrolled in a PAT Program, a laboratory will begin to receive samples for the next available round (refer to PAT Program schedule). Generally samples are shipped to participants quarterly, 4 times a year, except for the IHPAT Diffusive samplers (2 times a year) and the EMPAT samples (3 times a year).
2. PAT Programs are performance-based and do not specify a particular analytical method to be used. A laboratory should use the same procedures when analyzing the PAT samples that it would use when analyzing similar types of samples during its normal operations.
3. Retest samples are available for purchase for laboratories wanting to take corrective action prior to the next official proficiency round. Stock samples are offered for QC purposes only and are provided with a "Certificate of Analysis".
4. All PAT Enrollment Forms and Participation Agreements must be fully completed and legible in order for the application to be processed.
5. All annual enrollment fees are non-refundable with the exception of sample fees. Laboratories can return any unopened samples for a sample refund based on how many samples have not been used for the year.
6. PAT program Enrollment Forms may be submitted via mail or fax.

# Proficiency Analytical Testing (PAT) Programs Participation Agreement\*

(\*must be submitted with Enrollment form)

Please check appropriate PAT program(s)

- Industrial Hygiene Proficiency Analytical Testing (**IHPAT**) Program
- Environmental Lead Proficiency Analytical Testing (**ELPAT**) Program
- Bulk Asbestos Proficiency Analytical Testing (**BAPAT**) Program
- Environmental Microbiology Proficiency Analytical Testing (**EMPAT**) Program
- Beryllium Proficiency Analytical Testing (**BePAT**) Program

As a condition of purchasing performance testing samples from AIHA, the participating laboratory acknowledges and agrees to:

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### Laboratory Name

- (1) AIHA is acting solely as a broker of the samples.
- (2) All samples are prepared by an independent contractor.
- (3) Performance testing is one part of the AIHA accreditation process, and AIHA does not make any endorsement as to the proficiency performance results.
- (4) The test results are to be used solely for internal quality control, and non-accredited laboratories will not represent in any way that AIHA endorses these results or any particular laboratory solely on this basis.
- (5) AIHA makes no warranty of merchant availability of the testing samples or of the samples' fitness for any other purpose.
- (6) Annual fees are non-refundable.
- (7) The participating laboratory will pay a \$250 reinstatement fee as well as the outstanding balance in the event the laboratory is dropped because of non-payment.
- (8) The participating laboratory shall not use its participation in a proficiency testing program as representation of being an accredited laboratory.  
Any misrepresentation will result in the immediate removal from the PAT program and forfeiture of fees paid.

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Authorized Signature

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Print Name / Date

**AIHA Proficiency Analytical Testing Programs, LLC**  
2700 Prosperity Ave., Suite 250, Fairfax, VA 22031  
Phone: (703) 846-0757 / Fax: (703) 207-8558  
[www.aihapat.org](http://www.aihapat.org)

# INDUSTRIAL HYGIENE PROFICIENCY ANALYTICAL TESTING (IHPAT) PROGRAM 2010 ENROLLMENT FORM

Please enroll my laboratory in these AIHA proficiency testing programs:

IHPAT	Enroll Deadline 12/01/09 (4 sets) #180	Enroll Deadline 03/01/10 (3 sets) #181	Enroll Deadline 06/01/10 (2 sets) #182	Enroll Deadline 09/01/10 (1 set) #183
<input type="checkbox"/> <b>Annual Fee</b> <input type="checkbox"/> Metals <input type="checkbox"/> Silica <input type="checkbox"/> Asbestos <input type="checkbox"/> Organic Solvents <input type="checkbox"/> Diffusive Samplers*  Select badge type: <input type="checkbox"/> 3M <input type="checkbox"/> SKC <input type="checkbox"/> Assay <input type="checkbox"/> Formaldehyde** <input type="checkbox"/> Thermal desorption tubes**	<input type="checkbox"/> \$1345 <input type="checkbox"/> \$ 720 <input type="checkbox"/> \$1715 <input type="checkbox"/> \$ 865 <input type="checkbox"/> \$ 845 <input type="checkbox"/> \$ 695  <input type="checkbox"/> \$ 910 <input type="checkbox"/> \$1300	<input type="checkbox"/> \$1045 <input type="checkbox"/> \$ 600 <input type="checkbox"/> \$1415 <input type="checkbox"/> \$ 705 <input type="checkbox"/> \$ 695  <input type="checkbox"/> \$ 760 <input type="checkbox"/> \$1050	<input type="checkbox"/> \$ 845 <input type="checkbox"/> \$ 450 <input type="checkbox"/> \$1045 <input type="checkbox"/> \$ 515 <input type="checkbox"/> \$ 495 <input type="checkbox"/> \$ 490  <input type="checkbox"/> \$ 610 <input type="checkbox"/> \$ 830	<input type="checkbox"/> \$ 545 <input type="checkbox"/> \$ 270 <input type="checkbox"/> \$ 510 <input type="checkbox"/> \$ 315 <input type="checkbox"/> \$ 315  <input type="checkbox"/> \$ 460 <input type="checkbox"/> \$ 610
<b>SUBTOTAL AMOUNT</b>	\$ _____	\$ _____	\$ _____	\$ _____

\*Sent out twice a year—January and July; cost is per badge type.  
 \*\*Provided by WASP program

**Grand Total** \$

## Enrollment Form must be submitted with signed Participation Agreement

Does your laboratory participate in an AIHA PAT program?  
 No                       Yes

**Important!** Please enter your Lab ID:

Contact Name: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Questions?** Call AIHA PAT Programs, LLC at (703) 846-0757.

**Payment for proficiency testing programs**

**Check** for \$ \_\_\_\_\_ made payable to AIHA is enclosed.

**Credit Card**

Visa     MasterCard     American Express

Credit Card# \_\_\_\_\_  
 Cardholder's Name: \_\_\_\_\_  
 Cardholder's Signature: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

**Purchased Order #**



**Fax**  
 your forms to  
 (703) 207-8558



**Mail**  
 your forms  
 and payment to the  
 address below.

# ENVIRONMENTAL LEAD PROFICIENCY ANALYTICAL TESTING (ELPAT) PROGRAM 2010 ENROLLMENT FORM

Please enroll my laboratory in these AIHA proficiency testing programs:

ELPAT	Enroll Deadline 01/15/10 (4 sets) #70	Enroll Deadline 04/15/10 (3 sets) #71	Enroll Deadline 07/15/10 (2 sets) #72	Enroll Deadline 10/15/10 (1 set) #73
<input type="checkbox"/> <b>Annual Fee</b> <input type="checkbox"/> Paint Chips <input type="checkbox"/> Soil <input type="checkbox"/> Dust Wipe	<input type="checkbox"/> \$1345 <input type="checkbox"/> \$ 605 <input type="checkbox"/> \$ 605 <input type="checkbox"/> \$ 660	<input type="checkbox"/> \$1045 <input type="checkbox"/> \$ 465 <input type="checkbox"/> \$ 465 <input type="checkbox"/> \$ 520	<input type="checkbox"/> \$ 845 <input type="checkbox"/> \$ 370 <input type="checkbox"/> \$ 370 <input type="checkbox"/> \$ 410	<input type="checkbox"/> \$ 545 <input type="checkbox"/> \$ 265 <input type="checkbox"/> \$ 265 <input type="checkbox"/> \$ 295
<b>SUBTOTAL AMOUNT</b>				
ELPAT-AIR	Enroll Deadline 12/01/09 (4 sets) #70	Enroll Deadline 03/01/10 (3 sets) #71	Enroll Deadline 06/01/10 (2 sets) #72	Enroll Deadline 09/01/10 (1 set) #73
<input type="checkbox"/> <b>Annual Fee</b> <input type="checkbox"/> Air*	<input type="checkbox"/> \$1345 <input type="checkbox"/> \$ 720	<input type="checkbox"/> \$1045 <input type="checkbox"/> \$ 600	<input type="checkbox"/> \$ 845 <input type="checkbox"/> \$ 450	<input type="checkbox"/> \$ 545 <input type="checkbox"/> \$ 270
<b>SUBTOTAL AMOUNT</b>	\$ _____	\$ _____	\$ _____	\$ _____

\*ELPAT air samples and results are mailed at the same time as the IHPAT samples and results.

**Grand Total** \$  

## Enrollment Form must be submitted with signed Participation Agreement

Does your laboratory participate in an AIHA PAT program?

No  Yes

**Important!** Please enter your Lab ID:  

Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Questions?** Call AIHA PAT Programs, LLC at (703) 846-0757.

### Payment for proficiency testing programs

**Check** for \$ \_\_\_\_\_ made payable to AIHA is enclosed.

### Credit Card

Visa  MasterCard  American Express

Credit Card# \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Purchased Order #**  



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address below.

# ENVIRONMENTAL MICROBIOLOGY PROFICIENCY ANALYTICAL TESTING (EMPAT) PROGRAM 2010 ENROLLMENT FORM

Please enroll my laboratory in these AIHA proficiency testing programs:

EMPAT Culturable*	Enroll Deadline 01/15/10 (3 sets) #41	Enroll Deadline 05/15/10 (2 sets) #42	Enroll Deadline 09/15/10 (1 set) #43	
<input type="checkbox"/> <b>Annual Fee</b> <input type="checkbox"/> Bacteria Only <input type="checkbox"/> Fungi Only <input type="checkbox"/> Both Bacteria & Fungi  <b>SUBTOTAL AMOUNT</b>	<input type="checkbox"/> \$1450 <input type="checkbox"/> \$1600 <input type="checkbox"/> \$1600 <input type="checkbox"/> \$2450  \$ _____	<input type="checkbox"/> \$1095 <input type="checkbox"/> \$1160 <input type="checkbox"/> \$1160 <input type="checkbox"/> \$1940  \$ _____	<input type="checkbox"/> \$745 <input type="checkbox"/> \$735 <input type="checkbox"/> \$735 <input type="checkbox"/> \$1410  \$ _____	
EMPAT Direct Exam**	Enroll Deadline 12/15/09 (4 sets) #21	Enroll Deadline 03/15/10 (3 sets) #22	Enroll Deadline 06/15/10 (2 sets) #23	Enroll Deadline 09/15/10 (1 set) #24
<input type="checkbox"/> <b>Annual Fee</b> <input type="checkbox"/> Fungi Only  <b>SUBTOTAL AMOUNT</b>	<input type="checkbox"/> \$1450 <input type="checkbox"/> \$1600  \$ _____	<input type="checkbox"/> \$1095 <input type="checkbox"/> \$1255  \$ _____	<input type="checkbox"/> \$745 <input type="checkbox"/> \$945  \$ _____	<input type="checkbox"/> \$495 <input type="checkbox"/> \$630  \$ _____

\*Culturable samples are provided three times a year (February, June, & October) to participants for genus and/or species identification.

\*\*Direct Exam samples are provided four times a year (January, April, July, & October) via the AIHA PAT Portal as digitized images for the identification of spores.

**Grand Total** \$

## Enrollment Form must be submitted with signed Participation Agreement

Does your laboratory participate in an AIHA PAT program?  
 No                       Yes

**Important!** Please enter your Lab ID:

Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Payment for proficiency testing programs**

**Check** for \$ \_\_\_\_\_ made payable to AIHA is enclosed.

**Credit Card**

Visa     MasterCard     American Express

Credit Card# \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Purchased Order #**



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and payment to the  
address below.

# BULK ASBESTOS PROFICIENCY ANALYTICAL TESTING (BAPAT) PROGRAM 2010 ENROLLMENT FORM

Please enroll my laboratory in this AIHA proficiency testing program:

BAPAT*	Enroll Deadline 01/24/10 (4 sets) #82	Enroll Deadline 04/25/10 (3 sets) #83	Enroll Deadline 07/25/10 (2 sets) #84	Enroll Deadline 10/15/10 (1 set) #85
<input type="checkbox"/> Bulk Asbestos	<input type="checkbox"/> \$2010	<input type="checkbox"/> \$1595	<input type="checkbox"/> \$1130	<input type="checkbox"/> \$ 705
<b>SUBTOTAL AMOUNT</b>	\$ _____	\$ _____	\$ _____	\$ _____

**Grand Total** \$

## Enrollment Form must be submitted with signed Participation Agreement

Does your laboratory participate in an AIHA PAT program?

No  Yes

**Important!** Please enter your Lab ID:

Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Questions?** Call AIHA PAT Programs, LLC at (703) 846-0757.

### Payment for proficiency testing programs

**Check** for \$ \_\_\_\_\_ made payable to AIHA is enclosed.

### Credit Card

Visa  MasterCard  American Express

Credit Card# \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Purchased Order #**



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and payment to the  
address below.

# BERYLLIUM PROFICIENCY ANALYTICAL TESTING (BePAT) PROGRAM 2010 ENROLLMENT FORM

Please enroll my laboratory in this AIHA proficiency testing program:

BePAT	Enroll Deadline 02/01/10 (3 sets) #22	Enroll Deadline 06/01/10 (2 sets) #23	Enroll Deadline 10/01/10 (1 set) #24
<input type="checkbox"/> Beryllium	<input type="checkbox"/> \$1725	<input type="checkbox"/> \$1420	<input type="checkbox"/> \$1120
<b>SUBTOTAL AMOUNT</b>	\$ _____	\$ _____	\$ _____

**Grand Total** \$

## Enrollment Form must be submitted with signed Participation Agreement

Does your laboratory participate in an AIHA PAT program?

No                       Yes

**Important!** Please enter your Lab ID:

Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Questions?** Call AIHA PAT Programs, LLC at (703) 846-0757.

### Payment for proficiency testing programs

**Check** for \$ \_\_\_\_\_ made payable to AIHA is enclosed.

### Credit Card

Visa     MasterCard     American Express

Credit Card# \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Purchased Order #**



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your forms  
and payment to the  
address below.

# STOCK SAMPLES

## 2010 ORDER FORM

To order PAT samples from previous rounds, please complete this form and return it with your payment. The following prices are effective through December 31, 2010.

Round #	Analyte	Quantity	Price	Total
<b>IHPAT</b>				
_____	Metals .....	_____	\$ 250 .....	_____
_____	Silica .....	_____	\$ 400 .....	_____
_____	Asbestos .....	_____	\$ 285 .....	_____
_____	Organic Solvents .....	_____	\$ 250 .....	_____
_____	Diffusive Sampler .....	_____	\$ 340 .....	_____
(Select badge type: <input type="checkbox"/> SKC <input type="checkbox"/> Assay <input type="checkbox"/> 3M)				
<b>IHPAT Kit Preparation Fee</b> (one-time charge per order).....			\$ 75 .....	_____
<b>BePAT</b>				
_____	Beryllium.....	_____	\$ 550 .....	_____
<b>ELPAT</b>				
_____	Paint .....	_____	\$ 240 .....	_____
_____	Soil .....	_____	\$ 240 .....	_____
_____	Dust .....	_____	\$ 250 .....	_____
_____	Air .....	_____	\$ 250 .....	_____
<b>ELPAT Kit Preparation Fee</b> (one-time charge per order).....			\$ 75 .....	_____
<b>EMPAT</b>				
_____	Bacteria .....	_____	\$ 540 .....	_____
_____	Fungi .....	_____	\$ 540 .....	_____
<b>EMPAT Kit Preparation Fee</b> (one-time charge per order).....			\$ 75 .....	_____
VA residents please add 5% sales tax				<input type="text"/>
◆ A "Certificate of Analysis" is provided with each round.				
<b>Grand Total</b>				\$ <input type="text"/>

Does your laboratory participate in an AIHA PAT program?

No  Yes

**Important!** Please enter your Lab ID:

Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

FedEX Account Number: \_\_\_\_\_

**Questions?** Call AIHA PAT Programs, LLC at (703) 846-0757.

### Payment for STOCK SAMPLES:

**Check** for \$\_\_\_\_\_ made payable to AIHA is enclosed.

### Credit Card

Visa  MasterCard  American Express

Credit Card# \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Purchased Order #**



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(703) 207-8558



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your forms  
and payment to the  
address below.

# PT RETEST

## 2010 ORDER FORM

To order Retest samples, please complete this form and return it with your payment. The following prices are effective through December 31, 2010.

Round #	Analyte	Quantity	Price	Total
<b>IHPAT</b>				
_____	Metals .....	_____	\$ 295 .....	_____
_____	Silica .....	_____	\$ 440 .....	_____
_____	Asbestos .....	_____	\$ 340 .....	_____
_____	Organic Solvents .....	_____	\$ 285 .....	_____
_____	Diffusive Sampler .....	_____	\$ 400 .....	_____
(Select badge type: <input type="checkbox"/> SKC <input type="checkbox"/> Assay <input type="checkbox"/> 3M)				
<b>IHPAT Kit Preparation Fee</b> (one-time charge per order).....			\$ 75 .....	_____
<b>ELPAT</b>				
_____	Paint .....	_____	\$ 285 .....	_____
_____	Soil .....	_____	\$ 285 .....	_____
_____	Dust .....	_____	\$ 295 .....	_____
_____	Air .....	_____	\$ 295 .....	_____
<b>ELPAT Kit Preparation Fee</b> (one-time charge per order).....			\$ 75 .....	_____
<b>EMPAT</b>				
_____	Bacteria <u>or</u> Fungi .....	_____	\$ 580 .....	_____
_____	Bacteria <u>and</u> Fungi .....	_____	\$1020 .....	_____
_____	Fungi (Direct Exam).....	_____	\$ 580 .....	_____
_____	Fungi Only (Culturable and Direct Exam) ..	_____	\$1020 .....	_____
_____	Both Bacteria and Fungi (Culturable) .....	_____	\$1320 .....	_____
and Fungi (Direct Exam)				
<b>EMPAT Kit Preparation Fee</b> (one-time charge per order).....			\$ 75 .....	_____

VA residents please add 5% sales tax

**Grand Total** \$

Does your laboratory participate in an AIHA PAT program?

No  Yes

**Important!** Please enter your Lab ID:

Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Questions?** Call AIHA PAT Programs, LLC at (703) 846-0757.

**Payment for PT RETEST order:**

**Check** for \$ \_\_\_\_\_ made payable to AIHA is enclosed.

**Credit Card**

Visa  MasterCard  American Express

Credit Card# \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Purchased Order #**



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**AIHA Proficiency Analytical Testing Programs, LLC**  
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[www.aihapat.org](http://www.aihapat.org)