

AIHA Proficiency Analytical Testing Programs

2019 Fee Schedule

Demonstrate Your Organization's Proficiency

Become Proficient in a PAT Program

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PROFICIENCY ANALYTICAL TESTING (PAT)

The PAT programs listed below are available to all participants.

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

General Guidelines

- Once enrolled in a PAT Program, a participant will begin to receive samples for the next available round (refer to PAT Program Schedule (www.aihapat.org/documents-policies-fees/Pages/default.aspx). Generally samples are shipped to participants 4 times a year, except for the IHPAT diffusive samplers (2 times a year), the EMPAT and BePAT samples (3 times a year).
- PAT Programs are performance-based and do not specify a particular analytical method to be used. A participant should use the same procedures when analyzing the PAT samples that it would use when analyzing similar types of samples during its normal operations.
- Retest samples are available for purchase for participants wanting to take corrective action for a failed round prior to the next official proficiency round. Refer to PAT Schedule for ordering deadlines.
- Stock samples for all programs are offered for Quality Control purposes only and are provided with a "Certificate of Analysis".
- All PAT Enrollment Forms and Participation Agreements must be fully completed and legible in order for the application to be processed.
- All annual enrollment fees are non-refundable with the exception of sample fees.
- After samples have been prepared and shipped participants may not return any unopened samples for a sample refund. However a Certificate of Analysis will be provided so that the samples can be used for Quality Control purposes.
- PAT program Enrollment Forms may be submitted via e-mail, mail or fax.
- There is a \$250 reinstatement fee for participants dropping from a PT program then re-enrolling later in the year.

A completed *Participant 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

By submission of this signed document to AIHA PAT Programs, the participant acknowledges and agrees to the following:

- (1) Contact information will be posted in the publicly available PAT Participant Directory (results will not be included in this information); the summary results and overall proficiency shall be released to those entities requiring this information for accreditation or contract purposes.
- (2) Participant shall not submit, as their own, results for proficiency samples that were analyzed by another laboratory, discuss or share proficiency sample or test information with other participants prior to the close of the round, misrepresent material information on applications or any written correspondence with the AIHA Proficiency Analytical Testing Programs, knowingly report fraudulent or erroneous data or misrepresent its participation in a PAT program.
- (3) All samples are prepared by an AIHA PAT Programs subcontractor.
- (4) The test results are to be used solely for internal quality control, and participants will not represent in any way that an accrediting body endorses these results or any particular participant solely on this basis. The participant shall not use 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.
- (5) Annual fees are non-refundable. A \$250 reinstatement fee will apply for participants voluntarily dropping participation from a PAT program then re-enrolling later in the year.
- (6) Any participant that has been dropped for non-payment and chooses to re-enroll will pay a \$250 reinstatement fee as well as the outstanding balance.
- (7) Current participants are invoiced through an auto-renewal billing system and are billed prior to the beginning of the year for the upcoming year's annual fees. Notice must be sent in writing to drop participation in any PAT program.
- (8) Participants shall submit contact information changes by the next round enrollment deadline to ensure that samples are sent to the correct contact and location. Failure to submit the change in a timely manner by the enrollment deadline may result in undeliverable samples, sample replacement and shipping charges, missed submission dates, and thus failure of a round.
- (9) After samples have been prepared and shipped participants may not return any unopened samples for a sample refund. However a Certificate of Analysis will be provided so that the samples can be used for Quality Control purposes.
- (10) U.S. participant samples are shipped via USPS unless a participant specifies to the AIHA PAT Programs that they wish to be included on a special mailing list at the cost of the participant.

Participant Organization Name

Participant Number

Authorized Signature

Print Name / Date

2019 Credit Card Charge Authorization



PAT PROGRAMS

AIHA PROFICIENCY ANALYTICAL TESTING PROGRAMS

Company Information

Company Name: _____

Participant ID Number: _____

Invoice Number: _____

Amount to be charged to Credit Card: _____

Credit Card Info

Type of Credit Card VISA Master Card American Express

Account Number: _____

Expiration Date: _____ Code # _____

Cardholder's Name: _____

Cardholder's Signature: _____

- ✓ This form may be **faxed to 703-207-8558** or **mailed to the address at the bottom of the page**.
- ✓ **Do not email this form.** For your security, this form will not be processed if sent by email. This could cause delays in your participation. Emailed credit card information will be deleted immediately.
- ✓ Make sure to **reference your Participant ID Number** when submitting the credit card authorization form to ensure that payment is posted to the correct account.

Industrial Hygiene PAT Program (IHPAT) 2019 ENROLLMENT



IHPAT	Enrollment deadline: 12/1/18	Enrollment deadline: 03/1/19	Enrollment deadline: 06/1/19	Enrollment deadline: 09/1/19
	4 sets, beginning with Round 216	3 sets, beginning with Round 217	2 sets, beginning with Round 218	1 set, beginning with Round 219
<input type="checkbox"/> Annual Fee	<input type="checkbox"/> \$ 1,550	<input type="checkbox"/> \$ 1,300	<input type="checkbox"/> \$ 1,100	<input type="checkbox"/> \$ 800
Analytes				
<input type="checkbox"/> Metals	<input type="checkbox"/> \$ 925	<input type="checkbox"/> \$ 830	<input type="checkbox"/> \$ 730	<input type="checkbox"/> \$ 540
<input type="checkbox"/> Silica	<input type="checkbox"/> \$ 2,260	<input type="checkbox"/> \$ 1,915	<input type="checkbox"/> \$ 1,700	<input type="checkbox"/> \$ 1,260
<input type="checkbox"/> Asbestos	<input type="checkbox"/> \$ 1,085	<input type="checkbox"/> \$ 980	<input type="checkbox"/> \$ 875	<input type="checkbox"/> \$ 630
<input type="checkbox"/> Organic solvents	<input type="checkbox"/> \$ 1,185	<input type="checkbox"/> \$ 955	<input type="checkbox"/> \$ 855	<input type="checkbox"/> \$ 620
<input type="checkbox"/> Formaldehyde*	<input type="checkbox"/> \$ 1,695	<input type="checkbox"/> \$ 1400	<input type="checkbox"/> \$ 1250	<input type="checkbox"/> \$ 910
<input type="checkbox"/> Thermal desorption tubes*	<input type="checkbox"/> \$ 2,310	<input type="checkbox"/> \$ 1,890	<input type="checkbox"/> \$ 1,670	<input type="checkbox"/> \$ 1220
<input type="checkbox"/> Diffusive samplers**	<input type="checkbox"/> \$ 975		<input type="checkbox"/> \$ 700	
<i>Select badge type:</i>	<input type="radio"/> 3M <input type="radio"/> SKC <input type="radio"/> Assay			

TOTAL \$

* Provided by WASP Program.

** Sent out twice a year. Cost is per badge type. Select badge type: 3M, SKC or Assay.

Signed PARTICIPATION AGREEMENT must be submitted with ENROLLMENT FORM

*Failure to do so will delay processing your enrollment
and may result in your inability to participate in the next scheduled round*

Are you currently an AIHA PAT program participant?

No Yes **IF YES, Participant ID:** _____

Contact Name: _____

Organization: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Telephone: _____

Fax: _____

E-mail: _____

Payment Method

Check: Enclose check for full amount due made payable to AIHA PAT Programs

Purchase Order: PO# _____

Credit Card: Submit credit card information using the separate Credit Card Charge Authorization Form

Email your completed form to info.PATLLC@aiha.org

Fax your completed form to +1 703.207.8558

Mail your completed form and payment to the address below.

Questions?

Call AIHA PAT Programs at
+1 703.846.0796

Environmental Lead PAT Program (ELPAT) 2019 ENROLLMENT



ELPAT	Enrollment deadline: 01/15/19	Enrollment deadline: 04/15/19	Enrollment deadline: 07/15/19	Enrollment deadline: 10/15/19
	4 sets, beginning with Round 106	3 sets, beginning with Round 107	2 sets, beginning with Round 108	1 set, beginning with Round 109
<input type="checkbox"/> Annual Fee	<input type="checkbox"/> \$ 1,550	<input type="checkbox"/> \$ 1,300	<input type="checkbox"/> \$ 1,100	<input type="checkbox"/> \$ 800

Matrices

<input type="checkbox"/> Paint chips	<input type="checkbox"/> \$ 900	<input type="checkbox"/> \$ 690	<input type="checkbox"/> \$ 580	<input type="checkbox"/> \$ 460
<input type="checkbox"/> Soil	<input type="checkbox"/> \$ 900	<input type="checkbox"/> \$ 690	<input type="checkbox"/> \$ 580	<input type="checkbox"/> \$ 460
<input type="checkbox"/> Dust Wipe	<input type="checkbox"/> \$ 930	<input type="checkbox"/> \$ 770	<input type="checkbox"/> \$ 640	<input type="checkbox"/> \$ 490

ELPAT SUBTOTAL \$

ELPAT-AIR	Enrollment deadline: 12/1/18	Enrollment deadline: 03/1/19	Enrollment deadline: 06/1/19	Enrollment deadline: 09/1/19
	4 sets, beginning with Round 106	3 sets, beginning with Round 107	2 sets, beginning with Round 108	1 set, beginning with Round 109
<input type="checkbox"/> Annual Fee	<input type="checkbox"/> \$ 1,550	<input type="checkbox"/> \$ 1,300	<input type="checkbox"/> \$ 1,100	<input type="checkbox"/> \$ 800
<input type="checkbox"/> Air*	<input type="checkbox"/> \$ 925	<input type="checkbox"/> \$ 830	<input type="checkbox"/> \$ 730	<input type="checkbox"/> \$ 540

ELPAT-AIR SUBTOTAL \$

* ELAP-Air samples are mailed at the same time as the IHPAT samples. Results for both programs are posted at the same time.

TOTAL \$

Signed PARTICIPATION AGREEMENT must be submitted with ENROLLMENT FORM

*Failure to do so will delay processing your enrollment
and may result in your inability to participate in the next scheduled round*

Are you currently an AIHA PAT program participant?

No Yes **IF YES, Participant ID:** _____

Contact Name: _____

Organization: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Telephone: _____

Fax: _____

E-mail: _____

Payment Method

Check: Enclose check for full amount due made payable to AIHA PAT Programs

Purchase Order: PO# _____

Credit Card: Submit credit card information using the separate Credit Card Charge Authorization Form

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EMPAT Culturable*	Enrollment deadline: 01/15/19	Enrollment deadline: 05/15/19	Enrollment deadline: 09/15/19
	3 sets, beginning with Round 68	2 sets, beginning with Round 69	1 set, beginning with Round 70
<input type="checkbox"/> Annual Fee	<input type="checkbox"/> \$ 1,550	<input type="checkbox"/> \$ 1,260	<input type="checkbox"/> \$ 980

Organisms

<input type="checkbox"/> Bacteria only	<input type="checkbox"/> \$ 1,900	<input type="checkbox"/> \$ 1,700	<input type="checkbox"/> \$ 1,240
<input type="checkbox"/> Fungi only	<input type="checkbox"/> \$ 1,900	<input type="checkbox"/> \$ 1,700	<input type="checkbox"/> \$ 1,240
<input type="checkbox"/> Both/bacteria and fungi	<input type="checkbox"/> \$ 3,000	<input type="checkbox"/> \$ 2,575	<input type="checkbox"/> \$ 1,900

* Genus and/or species identification

EMPAT Culturable SUBTOTAL \$

EMPAT Direct Exam**	Enrollment deadline: 12/15/18	Enrollment deadline: 3/15/19	Enrollment deadline: 6/15/19	Enrollment deadline: 9/15/19
	4 sets, beginning with Round 57	3 sets, beginning with Round 58	2 sets, beginning with Round 59	1 set, beginning with Round 60
<input type="checkbox"/> Annual Fee	<input type="checkbox"/> \$ 1,550	<input type="checkbox"/> \$ 1,380	<input type="checkbox"/> \$ 1,125	<input type="checkbox"/> \$ 900
<input type="checkbox"/> Fungi only	<input type="checkbox"/> \$ 1,900	<input type="checkbox"/> \$ 1,800	<input type="checkbox"/> \$ 1,480	<input type="checkbox"/> \$ 1,180

** Spore identification using digital images

EMPAT Direct Exam SUBTOTAL \$

TOTAL \$

Signed PARTICIPATION AGREEMENT must be submitted with ENROLLMENT FORM

*Failure to do so will delay processing your enrollment
and may result in your inability to participate in the next scheduled round*

Are you currently an AIHA PAT program participant?

No Yes **IF YES, Participant ID:** _____

Contact Name: _____

Organization: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Telephone: _____

Fax: _____

E-mail: _____

Payment Method

Check: Enclose check for full amount due made payable to AIHA PAT Programs

Purchase Order: PO# _____

Credit Card: Submit credit card information using the separate Credit Card Charge Authorization Form

Email your completed form to info.PATLLC@aiha.org

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BAPAT	Enrollment deadline: 01/15/19	Enrollment deadline: 04/15/19	Enrollment deadline: 07/15/19	Enrollment deadline: 10/15/19
	4 sets, beginning with Round 118	3 sets, beginning with Round 119	2 sets, beginning with Round 120	1 set, beginning with Round 121
<input type="checkbox"/> Bulk Asbestos	<input type="checkbox"/> \$ 2,750	<input type="checkbox"/> \$ 2,270	<input type="checkbox"/> \$ 2,020	<input type="checkbox"/> \$ 1,505

TOTAL \$

Signed PARTICIPATION AGREEMENT must be submitted with ENROLLMENT FORM

*Failure to do so will delay processing your enrollment
and may result in your inability to participate in the next scheduled round*

Are you currently an AIHA PAT program participant?

No Yes **IF YES, Participant ID:** _____

Contact Name: _____

Organization: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Telephone: _____

Fax: _____

E-mail: _____

Payment Method

Check: Enclose check for full amount due made payable to AIHA PAT Programs

Purchase Order: PO# _____

Credit Card: Submit credit card information using the separate Credit Card Charge Authorization Form

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BePAT	Enrollment deadline: 02/1/19 3 sets, beginning with Round 49	Enrollment deadline: 06/1/19 2 sets, beginning with Round 50	Enrollment deadline: 10/1/19 1 sets, beginning with Round 51
<input type="checkbox"/> Beryllium	<input type="checkbox"/> \$ 5,350	<input type="checkbox"/> \$ 3,680	<input type="checkbox"/> \$ 2,760

TOTAL \$

Signed PARTICIPATION AGREEMENT must be submitted with ENROLLMENT FORM

*Failure to do so will delay processing your enrollment
and may result in your inability to participate in the next scheduled round*

Are you currently an AIHA PAT program participant?

No Yes **IF YES, Participant ID:** _____

Contact Name: _____

Organization: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Telephone: _____

Fax: _____

E-mail: _____

Payment Method

Check: Enclose check for full amount due made payable to AIHA PAT Programs

Purchase Order: PO# _____

Credit Card: Submit credit card information using the separate Credit Card Charge Authorization Form

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Mail your completed form and payment to the address below.

Questions?

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Samples from previous rounds are available for purchase.
A Certificate of Analysis is provided with each stock sample order.

Program	Round Number	Analyte/Matrix	Quantity	Price (each)	Subtotal
IHPAT		Metals		\$455	\$
IHPAT		Silica		\$660	\$
IHPAT		Asbestos		\$510	\$
IHPAT		Organic Solvents		\$455	\$
IHPAT		Diffusive sampler (select badge type) <input type="checkbox"/> 3M <input type="checkbox"/> SKC <input type="checkbox"/> Assay		\$570	\$
BAPAT		Bulk Asbestos		\$650	\$
BePAT		Beryllium		\$900	\$
ELPAT		Paint		\$445	\$
ELPAT		Soil		\$445	\$
ELPAT		Dust		\$455	\$
ELPAT		Air		\$455	\$
N/A	N/A	International Shipping (1x fee for EACH kit)		\$125	\$
N/A	N/A	VA residents please add 6% sales tax			\$
TOTAL					\$

FedEx or UPS Account Number: _____

Are you currently an AIHA PAT program participant?

No Yes **IF YES, Participant ID:** _____

Contact Name: _____

Organization: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Telephone: _____

Fax: _____

E-mail: _____

Payment Method

- Check: Enclose check for full amount due made payable to AIHA PAT Programs
- Purchase Order: PO# _____
- Credit Card: Submit credit card information using the separate Credit Card Charge Authorization Form

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*To order retest samples,
submit completed form and payment by retest order date
noted on the current AIHA PAT Programs schedule [www.aihapat.org].*

Program	Round Number	Analyte/Matrix	Quantity	Price (each)	Subtotal
IHPAT		Metals		\$530	\$
IHPAT		Silica		\$710	\$
IHPAT		Asbestos		\$570	\$
IHPAT		Organic Solvents		\$520	\$
IHPAT		Diffusive sampler (select badge type) <input type="checkbox"/> 3M <input type="checkbox"/> SKC <input type="checkbox"/> Assay		\$660	\$
BAPAT		Bulk Asbestos		\$690	\$
BePAT		Beryllium		\$930	\$
ELPAT		Paint		\$520	\$
ELPAT		Soil		\$520	\$
ELPAT		Dust		\$530	\$
ELPAT		Air		\$530	\$
EMPAT		Bacteria		\$900	\$
EMPAT		Fungi		\$900	\$
Expedited		Expedited Retest Data Review Fee		\$250	\$
N/A	N/A	International Shipping Fee (will not apply if FedEx or UPS account number provided)		\$125	\$
N/A	N/A	VA residents please add 6% sales tax			\$

TOTAL \$
FedEx or UPS Account Number: _____

Are you currently an AIHA PAT program participant?
 No Yes **IF YES, Participant ID:** _____

Contact Name: _____

Organization: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Telephone: _____

Fax: _____

E-mail: _____

Payment Method

- Check: Enclose check for full amount due made payable to AIHA PAT Programs
- Purchase Order: PO# _____
- Credit Card: Submit credit card information using the separate Credit Card Charge Authorization Form

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Questions?

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