



AIHA
Proficiency Analytical
Testing Programs®

RETEST SAMPLE 2026 ORDER FORM

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		\$ 590	\$
IHPAT		Silica		\$ 1430	\$
IHPAT		Asbestos		\$ 710	\$
IHPAT		Organic Solvents		\$ 830	\$
IHPAT		Airborne Particulates		\$ 800	\$
IHPAT		Mercury		\$ 810	\$
IHPAT		Diffusive sampler (select badge type) <input type="checkbox"/> Assay Technology (AT) <input type="checkbox"/> SKC		\$ 800	\$
BAPAT		Bulk Asbestos		\$ 1730	\$
BePAT		Beryllium		\$ 3430	\$
ELPAT		Paint		\$ 590	\$
ELPAT		Soil		\$ 590	\$
ELPAT		Dust		\$ 590	\$
ELPAT		Air		\$ 590	\$
EMPAT		Bacteria Culture		\$ 1220	\$
EMPAT		Fungi Culture		\$ 1220	\$
EMPAT		Fungi Direct Exam		\$ 1160	\$
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

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



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2026 Credit Card Charge Authorization

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.