

STOCK SAMPLE 2026 ORDER FORM

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		\$ 590	\$
IHPAT		Silica		\$ 1430	\$
IHPAT		Asbestos		\$ 710	\$
IHPAT		Organic Solvents		\$ 830	\$
IHPAT		Airborne Particulates		\$ 800	\$
IHPAT		Mercury		\$ 810	\$
IHPAT		Diffusive sampler (select badge type) ☐ Assay Technology (AT) ☐ SKC		\$ 800	\$
BAPAT		Bulk Asbestos		\$ 1730	\$
BePAT		Beryllium		\$ 3430	\$
ELPAT		Paint		\$ 590	\$
ELPAT		Soil		\$ 590	\$
ELPAT		Dust		\$ 590	\$
ELPAT		Air		\$ 590	\$
N/A	N/A	International Shipping (1x fee for EACH kit) (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 **Payment Method** participant? ☐ Check: Enclose check for full amount due ☐ Yes IF YES, Participant ID: _____ made payable to AIHA PAT Programs □ No Contact Name: _____ ☐ Purchase Order: PO# _____ ☐ Credit Card: Submit credit card information Organization: _____ using the separate Credit Card Charge Address: ______ **Authorization Form** City: Email your completed form to info.PATLLC@aiha.org State/Province: Fax your completed form to +1 703.207.8558 Zip/Postal Code: _____ Mail your completed form and payment to: AIHA Proficiency Analytical Testing Programs Country: _____ 3120 Fairview Park Drive, Suite 360 Telephone: _____ Falls Church, VA 22042 USA Questions? Call AIHA PAT Programs at: E-mail: _____

A participant or any interested party wishing to develop new analytical capabilities may purchase stock samples (samples from previous rounds) for practice, if available. The data from analysis of these samples cannot be used to document proficiency. Practice rounds may also be used to evaluate laboratory quality control with respect to new analyst training and method validation procedures.

+1 703.846.0796

Stock samples **may not be used** to produce derivative products for commercial use or in a proficiency testing scheme. Contact us for a quote for partnership opportunities.



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						
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Account Number:									
Expiration Date:		Code #							
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Cardholder's Name:									
Cardholder's Signature:									
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- \checkmark 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.