

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

IHPAT	Enrollment deadline: 12/1/2020	Enrollment deadline: 03/1/2021	Enrollment deadline: 06/1/2021	Enrollment deadline: 09/1/2021
	4 sets, beginning with Round 224	3 sets, beginning with Round 225	2 sets, beginning with Round 226	1 set, beginning with Round 227
<input type="checkbox"/> Annual Fee	<input type="checkbox"/> \$ 1,575	<input type="checkbox"/> \$ 1,325	<input type="checkbox"/> \$ 1,125	<input type="checkbox"/> \$ 825
Analytes				
<input type="checkbox"/> Metals	<input type="checkbox"/> \$ 995	<input type="checkbox"/> \$ 830	<input type="checkbox"/> \$ 730	<input type="checkbox"/> \$ 540
<input type="checkbox"/> Silica	<input type="checkbox"/> \$ 2,440	<input type="checkbox"/> \$ 1,915	<input type="checkbox"/> \$ 1,700	<input type="checkbox"/> \$ 1,260
<input type="checkbox"/> Asbestos	<input type="checkbox"/> \$ 1,195	<input type="checkbox"/> \$ 980	<input type="checkbox"/> \$ 875	<input type="checkbox"/> \$ 630
<input type="checkbox"/> Organic solvents	<input type="checkbox"/> \$ 1,385	<input type="checkbox"/> \$ 955	<input type="checkbox"/> \$ 855	<input type="checkbox"/> \$ 620
<input type="checkbox"/> Formaldehyde*	<input type="checkbox"/> \$ 1,790	<input type="checkbox"/> \$ 1,400	<input type="checkbox"/> \$ 1,250	<input type="checkbox"/> \$ 910
<input type="checkbox"/> Thermal desorption tubes*	<input type="checkbox"/> \$ 2,440	<input type="checkbox"/> \$ 1,890	<input type="checkbox"/> \$ 1,670	<input type="checkbox"/> \$ 1,220
<input type="checkbox"/> Diffusive samplers** <i>Select badge type:</i>	<input type="checkbox"/> \$ 1,050 ○ 3M ○ SKC ○ Assay		<input type="checkbox"/> \$ 750	

TOTAL \$

* Provided by LCG AirPT (Formerly 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

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.