AIHA Proficiency Analytical Testing Programs 2024 Fee Schedule

Demonstrate Your Organization's Analytical Excellence

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General Guidelines

- Once enrolled in a PAT Program, a participant will begin to receive samples for the next available round (refer to <u>PAT Schedule</u>).
- PAT Programs are performance-based and do not specify a particular analytical method to be used, with the exception of NIOSH Method 7400 for asbestos and manmade fibers. Proficiency testing samples must be analyzed using the same analytical procedure used to test the majority of routine customer samples.
- Retest PT rounds are available to all participants enrolled in the original round of testing, if available. Refer to PAT Schedule for ordering deadlines.
- Stock samples are available for purchase and are provided with a Certificate of Analysis.
- The PAT Enrollment Form(s) and Participation Agreement must be fully completed and legible in order for the application to be processed.
- All annual enrollment fees are non-refundable except for sample fees.
- After samples have been prepared and shipped participants may not return any unopened samples for a sample refund.
- There is a \$250 reinstatement fee for participants dropping from a PT program then re-enrolling later in the year.





Please check appropriate PAT Program(s)

A completed Participant Agreement must be submitted with Enrollment Form

	Industrial Hygiene Proficiency Analytical Testing (IHPA	T) Program
	Environmental Lead Proficiency Analytical Testing (ELP	AT) Program
	Bulk Asbestos Proficiency Analytical Testing (BAPAT) F	Program
	Environmental Microbiology Proficiency Analytical Test	ng (EMPAT) Program
	Beryllium Proficiency Analytical Testing (BePAT) Progra	am
	nission of this signed document to AIHA PAT Programs, the pons Participation Policies and the following:	articipant acknowledges and agrees to the <u>AIHA PAT</u>
(1)	Contact information will be posted in the publicly available Painformation); the summary results and overall proficiency sha accreditation or contract purposes.	
(2)	Participant shall not submit, as their own, results for proficien discuss or share proficiency sample or test information with a misrepresent material information on applications or any writ Testing Programs, knowingly report fraudulent or erroneous of	ther participants prior to the close of the round, ten correspondence with the AIHA Proficiency Analytical
(3)	The participant shall not use participation in a proficiency test laboratory. Any misrepresentation will result in the immediate	
(4)	Annual fees are non-refundable. A \$250 reinstatement fee w from a PAT Program then re-enrolling later in the year.	ill apply for participants voluntarily dropping participation
(5)	Any participant that has been dropped for non-payment and well as the outstanding balance.	chooses to re-enroll will pay a \$250 reinstatement fee as
(6)	Current participants are invoiced through an auto-renewal bifor the upcoming year's annual fees. Notice must be sent in w	
(7)	Participants shall submit contact information changes by the sent to the correct contact and location. Failure to submit the result in undeliverable samples, sample replacement and ship a round.	change in a timely manner by the enrollment deadline may
(8)	After samples have been prepared and shipped participants	may not return any unopened samples for a sample refund.
(9)	Proficiency testing samples are shipped via a trackable carrie	r.
Partic	ipant Organization Name	Participant Number
Autho	orized Signature	Print Name / Date



2024 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: _			

- \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.



Industrial Hygiene PAT Program (IHPAT) 2024 ENROLLMENT

	IHPAT	Enrollment deadline: 12/1/2023 4 sets, beginning with Round 236	Enrollment deadline: 03/1/2024 3 sets, beginning with Round 237	Enrollment deadline: 06/1/2024 2 sets, beginning with Round 238	Enrollment deadline: 09/1/2024 1 set, beginning with Round 239
	Annual Fee	□ \$1,690	□ \$1,360	□ \$1,090	□ \$ 880
Analyt	tes				
	Metals	□ \$1,060	□ \$ 850	□ \$ 680	□ \$ 550
	Silica	□ \$ 2,610	□ \$ 2,090	□ \$ 1,680	□ \$ 1,350
	Asbestos	□ \$1,290	□ \$1,040	□ \$ 840	□ \$ 680
	Organic solvents	□ \$1,500	□ \$1,200	□ \$ 960	□ \$ 770
	Airborne Particulates***		□ \$1,140		□ \$ 750
	Mercury****	(only 3 rounds in 2024)	□ \$1,200	□ \$ 960	□ \$ 770
	Formaldehyde*	□ \$1,920	□ \$ 1,540	□ \$1,240	□ \$1,000
	Thermal desorption tubes*	□ \$ 2,620	□ \$2,100	□ \$1,680	□ \$1,350
	Diffusive samplers**	□ \$1,140		□ \$ 750	
	Select badge type:	O Assay Techno	ology (AT) O SKC		
				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.

<i>y</i> ,	
Are you currently an AIHA PAT Program	Payment Method
participant? □ No □ Yes IF YES, Participant ID:	 Check: Enclose check for full amount due made payable to AIHA PAT Programs
Contact Name:	☐ Purchase Order: PO#
Organization:	☐ Credit Card: Submit credit card information
Address:	using the separate Credit Card Charge 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 the address
Country:	below.
Telephone:	
Fax:	Questions?
E-mail:	Call AIHA PAT Programs at

^{*} Provided by LCG AirPT (Formerly WASP Program).

^{**} Sent out twice a year (even IHPAT rounds). Cost is per badge type. Select badge type: Assay Technology (AT) or SKC.

^{***} Sent out twice a year (odd IHPAT rounds).

^{****} Launching in 2024 starting with round 237 (4 rounds/year starting 2025)



E-mail: _

Environmental Lead PAT Program (ELPAT) 2024 ENROLLMENT

ELPAT	Enrollment deadline: 01/15/2024	Enrollment deadline: 04/15/2024	Enrollment deadline: 07/15/2024	Enrollment deadline: 10/15/2024
	4 sets, beginning with Round 126	3 sets, beginning with Round 127	2 sets, beginning with Round 128	1 set, beginning with Round 129
☐ Annual Fee	□ \$ 1,690	□ \$ 1,360	□ \$ 1,090	□ \$ 880
Matrices	+ _,	+ _,	_ + -,	_ ,
☐ Paint chips	□ \$ 1,060	□ \$ 850	□ \$ 680	□ \$ 550
Soil	□ \$ 1,060	□ \$ 850	□ \$ 680	□ \$ 550 □ .
☐ Dust Wipe	□ \$ 1,060	□ \$ 850	□ \$ 680	□ \$ 550
			ELPAT SUBTOTAL	\$
ELPAT-AIR	Enrollment deadline: 12/1/2023	Enrollment deadline: 03/1/2024	Enrollment deadline: 06/1/2024	Enrollment deadline: 09/1/2024
	4 sets, beginning with Round 126	3 sets, beginning with Round 127	2 sets, beginning with Round 128	1 set, beginning with Round 129
☐ Annual Fee	□ \$1,690	□ \$1,360	□ \$1,090	□ \$ 880
☐ Air*	□ \$1,060	□ \$ 850	□ \$ 680	□ \$ 550
* ELPAT-Air samples are mailed at the same time as the IHPAT samples. Results for both programs are posted		ELI	PAT-AIR SUBTOTAL	\$
	orograms are posted			
at the same time.	orograms are posted		TOTAL	\$
at the same time. Signed PARTICIPATION Fail		y processing your e	d with ENROLLM	•
Signed PARTICIPATION Fail and may result. Are you currently an AIHA PAT Pro	AGREEMENT milure to do so will dela	y processing your e	d with ENROLLM nrollment xt scheduled round	•
Signed PARTICIPATION Fail and may resu	AGREEMENT milure to do so will delagult in your inability to pogram	y processing your encorticipate in the ne Payment Met	d with ENROLLM nrollment xt scheduled round	MENT FORM
Signed PARTICIPATION Fail and may result. Are you currently an AIHA PAT Proparticipant?	AGREEMENT milure to do so will delagate in your inability to program	participate in the ne Payment Met Check made	d with ENROLLN nrollment xt scheduled round hod :: Enclose check for fu	MENT FORM all amount due Programs
Are you currently an AIHA PAT Proparticipant? No Yes IF YES, Participant	AGREEMENT milure to do so will delagate in your inability to program t ID:	participate in the ne Payment Met Check made	d with ENROLLN nrollment ext scheduled round hod Ext Enclose check for fur payable to AIHA PAT	MENT FORM all amount due Programs
Signed PARTICIPATION Fair and may result Are you currently an AIHA PAT Proparticipant? No Yes IF YES, Participant Contact Name: Organization: Address:	AGREEMENT milure to do so will dela ult in your inability to program	Payment Met Check made Purch Credit using	d with ENROLLN nrollment ext scheduled round hod Enclose check for fur payable to AIHA PAT ase Order: PO#	AENT FORM all amount due r Programs card information
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Are you currently an AIHA PAT Proparticipant? No Yes IF YES, Participant Contact Name: Organization: Address: City: State/Province:	AGREEMENT multiure to do so will dela jult in your inability to program	Payment Met Check made Purch Credit using Autho Email your co	d with ENROLLN nrollment ext scheduled round hod Enclose check for fur payable to AIHA PAT ase Order: PO# Card: Submit credit of the separate Credit Corization Form	MENT FORM all amount due r Programs card information ard Charge PATLLC@aiha.org
Are you currently an AIHA PAT Proparticipant? No Yes IF YES, Participant Contact Name: Organization: Address: City:	AGREEMENT multiure to do so will delagate in your inability to program t ID:	Payment Met Payment Met Check made Purch Credit using Autho Email your co	d with ENROLLN nrollment ext scheduled round hod c: Enclose check for fur payable to AIHA PAT ase Order: PO# c: Card: Submit credit of the separate Credit Conization Form mpleted form to info.fo	ALLLC@aiha.org
Are you currently an AIHA PAT Proparticipant? In No In Yes IF YES, Participant Contact Name: Organization: Address: City: State/Province: Zip/Postal Code:	AGREEMENT milure to do so will delagate in your inability to program t ID:	Payment Met Payment Met Check made Purch Credit using Autho Email your com Mail your com	d with ENROLLN nrollment ext scheduled round hod Ext Enclose check for fur payable to AIHA PAT ase Order: PO# Card: Submit credit of the separate Credit Corization Form mpleted form to info.F	ALLLC@aiha.org



E-mail: _

Environmental Microbiology PAT Program (EMPAT) 2024 ENROLLMENT

	Enrollment deadline	: Enrollment	deadline:	Enrollment deadline:	
EMPAT	01/15/2024	05/15/2		09/15/2024	
Culture*	3 sets, beginning with		_	1 set, beginning with	
_	Round 83	Round		Round 85	
☐ Annual Fee Organisms	□ \$1,690	□ \$1,19	U	□ \$840	
☐ Bacteria only	□ \$2,190	□ \$1,62	Λ	□ \$1,200	
☐ Fungi only	□ \$ 2,190 □ \$ 2,190	□ \$ 1,62		□ \$ 1,200 □ \$ 1,200	
☐ Both/bacteria and fungi	□ \$ 3,460	□ \$ 2,56		□ \$ 1,900	
* Genus and optional species identificat					
	EN	MPAT Culturable	SUBTOTAL \$	\$	
EMPAT	Enrollment deadline: 12/15/2023	Enrollment deadline: 3/15/2024	Enrollme deadline 6/15/202	e: deadline: 24 9/15/2024	
Direct Exam**	4 sets, beginning 3 with Round 77	3 sets, beginning with Round 78	2 sets, beging with Round		
☐ Annual Fee	□ \$1,690	□ \$1,360	□ \$1,0	90 🗆 \$ 880	
☐ Fungi only	□ \$ 2,190	□ \$1,760	☐ 1,410	0 🗆 \$ 1,130	
		EMPAT Direc	t Exam SUBT	TOTAL \$	
		EMPAT Direc	t Exam SUBT		
	AGREEMENT mus ure to do so will delay p It in your inability to par	st be submitted	TOTAL With ENRO	AL \$ OLLMENT FORM	
Faill and may result Are you currently an AIHA PAT Pro	ure to do so will delay p It in your inability to par	st be submitted processing your en tricipate in the nex Payment Meth	TOTA I with ENRO rollment t scheduled ro	AL \$ OLLMENT FORM ound	
Fail and may resu	ure to do so will delay p It in your inability to par ogram	st be submitted processing your enticipate in the nexting Payment Meth	TOTAL I with ENRO rollment t scheduled rol od Enclose chec	AL \$ OLLMENT FORM	
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Are you currently an AIHA PAT Proparticipant? No Yes IF YES, Participant Contact Name: Organization:	ure to do so will delay p It in your inability to par ogram ID:	Payment Meth Check: made p Purche Credit using t	TOTA I with ENRO rollment It scheduled rol and Enclose checo bayable to All- se Order: POR Card: Submit the separate C ization Form	AL \$ OLLMENT FORM Pound Ek for full amount due HA PAT Programs # credit card information credit Card Charge	
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Are you currently an AIHA PAT Proparticipant? No Yes IF YES, Participant Contact Name: Organization: Address: City:	ure to do so will delay p It in your inability to par gram ID:	Payment Meth Check: made p Purche Credit using t Author Fax your comp	TOTA I with ENR rollment at scheduled rol and Enclose chect bayable to All- se Order: POR Card: Submit the separate Continuous form appleted form to a	AL \$ OLLMENT FORM Dound Sk for full amount due HA PAT Programs # credit card information Credit Card Charge To info.PATLLC@aiha.org +1 703.207.8558	
Are you currently an AIHA PAT Proparticipant? No Yes IF YES, Participant Contact Name: Organization: Address: City: State/Province:	ure to do so will delay p It in your inability to par gram ID:	Payment Meth Check: made p Purche Credit using t Author Fax your comp	TOTA I with ENR rollment at scheduled rol and Enclose chect bayable to All- se Order: POR Card: Submit the separate Continuous form appleted form to a	AL \$ OLLMENT FORM Description of the state	
Are you currently an AIHA PAT Proparticipant? No Yes IF YES, Participant Contact Name: Organization: Address: City: State/Province: Zip/Postal Code:	ure to do so will delay p It in your inability to par ogram ID:	Payment Meth Check: made p Purche Credit using t Author Fax your comp	TOTA I with ENR rollment at scheduled rol and Enclose chect bayable to All- se Order: POR Card: Submit the separate Continuous form appleted form to a	AL \$ OLLMENT FORM Dound Sk for full amount due HA PAT Programs # credit card information credit Card Charge To info.PATLLC@aiha.org +1 703.207.8558 Indiginal payment to the address	



Bulk Asbestos PAT Program (BAPAT) 2024 ENROLLMENT

BAPAT	deadline: 01/15/2024	deadline: 04/15/2024	deadline: 07/15/2024	deadline: 10/15/2024
2 , ,	4 sets, beginning with Round 138	3 sets, beginning with Round 139	2 sets, beginning with Round 140	1 set, beginning with Round 141
☐ Bulk Asbestos	□ \$3,180	□ \$ 2,550	□ \$ 2,040	□ \$1,640
			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	Payment Method		
participant? □ No □ Yes IF YES, Participant ID:	 Check: Enclose check for full amount due made payable to AIHA PAT Programs 		
Contact Name:	□ Purchase Order: PO#		
Organization:	☐ Credit Card: Submit credit card information		
Address:	using the separate Credit Card Charge 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 the address		
Country:	below.		
Telephone:	Questions?		
Fax:	Call AIHA PAT Programs at +1 703.846.0796		
E-mail:	+1 / 03.040.07 90		



Beryllium PAT Program (BePAT) 2024 ENROLLMENT

BePAT	Enrollment deadline: 02/1/2024 3 sets, beginning with Round 64	Enrollment deadline: 06/1/2024 2 sets, beginning with Round 65	Enrollment deadline: 10/1/2024 1 set, beginning with Round 66
☐ Beryllium	□ \$5,960	□ \$ 4,180	□ \$ 2,930
		TO	T A I

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?	Payment Method		
□ No □ Yes IF YES, Participant ID:	☐ Check: Enclose check for full amount due made		
Contact Name:	payable to AIHA PAT Programs		
Organization:	☐ Purchase Order: PO#		
Address:	 Credit Card: Submit credit card information using the separate Credit Card Charge 		
City:	Authorization Form		
State/Province:	Email your completed form to info.PATLLC@aiha.org		
Zip/Postal Code:	Fax your completed form to +1 703.207.8558		
Country:	Mail your completed form and payment to the address		
Telephone:	below.		
Fax:	Questions?		
E-mail:	Call AIHA PAT Programs at +1 703.846.0796		



STOCK SAMPLE 2024 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		\$550	\$
IHPAT		Silica		\$1350	\$
IHPAT		Asbestos		\$680	\$
IHPAT		Organic Solvents		\$770	\$
IHPAT		Airborne Particulates		\$750	\$
IHPAT		Mercury		\$770	\$
IHPAT		Diffusive sampler (select badge type) ☐ Assay Technology (AT) ☐ SKC		\$750	\$
BAPAT		Bulk Asbestos		\$1575	\$
BePAT		Beryllium		\$2900	\$
ELPAT		Paint		\$550	\$
ELPAT		Soil		\$550	\$
ELPAT		Dust		\$550	\$
ELPAT		Air		\$550	\$
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 □ No ☐ Yes IF YES, Participant ID: _____ made payable to AIHA PAT Programs Contact Name: _____ ☐ Purchase Order: PO# _____ Organization: _____ ☐ Credit Card: Submit credit card information 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 the address Country: _____ below. Telephone: _____ Questions? Call AIHA PAT Programs at Fax: _____ +1 703.846.0796 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.

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.



RETEST SAMPLE 2024 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	rtouria rtumber	Metals	Quantity	\$550	\$
IHPAT		Silica		\$1350	\$
					\$
IHPAT		Asbestos		\$680	•
IHPAT		Organic Solvents		\$770	\$
IHPAT		Airborne Particulates		\$750	\$
IHPAT		Mercury (not available until after Round 238)		\$770	\$
IHPAT		Diffusive sampler (select badge type) ☐ Assay Technology (AT) ☐ SKC		\$750	\$
BAPAT		Bulk Asbestos		\$1575	\$
BePAT		Beryllium		\$2900	\$
ELPAT		Paint		\$550	\$
ELPAT		Soil		\$550	\$
ELPAT		Dust		\$550	\$
ELPAT		Air		\$550	\$
EMPAT		Bacteria Culture		\$1,200	\$
EMPAT		Fungi Culture		\$1,200	\$
EMPAT		Fungi Direct Exam		\$1,130	\$
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	\$

N/A	N/A	VA residents please add 6% sales tax		\$			
					TOTAL \$		
		mber:		ent Method			
Are you currently an AIHA PAT Program participant? No Yes IF YES, Participant ID: Contact Name: Organization:			 Check: Enclose check for full amount due made payable to AIHA PAT Programs Purchase Order: PO#				
State/Province: Zip/Postal Code: Country: Telephone: Fax:			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				
		vtical Testina Programs 3120	Fairview P	ark Drive Suite 360 Fal	lls Church VA 22042		