



**TNI Fields of Proficiency Testing (FoPT) Analyte Request Application**

SUBMISSION DATE: \_\_\_\_\_

**SECTION I – REQUESTOR/ORGANIZATION INFORMATION**

Requestor: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

**SECTION II – Sponsor (if applicable)**

**Required for applications submitted by individuals or on behalf of laboratories or Proficiency Testing Providers**

Sponsor Accreditation Body: \_\_\_\_\_

Official Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

**Note here if reference to any additional AB sponsors is being provided.**

**Additional sponsors? No**   
**Yes**  Other Sponsor ABs: \_\_\_\_\_  
\_\_\_\_\_

If yes, provide contact information on additional AB sponsors as an attachment to the application.

**Section III – Analyte Request**

Instructions: If requesting addition of a new FoPT table or analyte(s) to an existing FoPT table, please complete section IIIA. If requesting removal of a FoPT table or analyte(s) from an existing FoPT table, please complete section IIIB. Requests for additions and removals cannot be submitted on the same application; separate applications are required.

**Section IIIA – Addition of New FoPT Table or Analyte(s)**

FoPT table and/or analyte(s) to be added (please specify program and matrix for new FoPT table):

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For analyte(s) additions only, FoPT table(s) on which the analyte(s) should be added (if more than one analyte, clearly annotate which analytes to add to which existing FoPT tables):

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Reason(s) for adding the FoPT table and/or analyte(s) (attach additional pages if necessary):

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Do any TNI approved PT Providers currently offer the analyte(s) in a PT product?

**No**  **Yes**  **Unknown**

If yes, attach a list of PT products currently available (specify each PT Provider, PT Provider’s product name, and PT Provider’s catalog reference).

The following documentation must also be provided as attachments to this application when requesting addition of new analyte(s):

- 1) Proposed spiking concentration range and initial acceptance criteria.
- 2) Information on technical feasibility – this must include one or more method validation study showing that the analyte(s) can be measured throughout the proposed concentration range by at least one published method.

**Section IIIB – Removal of FoPT Table or Analyte(s)**

FoPT table and/or analyte(s) to be removed:

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For analyte removals only, FoPT table(s) from which the analyte(s) should be removed (if more than one analyte, clearly annotate which analytes to remove from which FoPT tables):

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Reason(s) for removing the FoPT table and/or analyte(s) (attach additional pages if necessary):

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The following documentation must also be provided as attachments to this application when requesting removal of analyte(s):

- 1) Copies of any supporting documents that were referenced above in the reason(s) provided for removing the analyte(s).

**Section IV – Submittal of Application**

All applications (including attachments) must be submitted electronically via email to the PT Program Executive Committee Chairperson. No paper copies will be accepted.

Please complete the application and provide the supporting documentation as instructed. Incomplete applications will delay the review process and may be returned to the requestor.

***For PTPEC use only***

Date ARA Received:	
Date ARA Review Initiated:	
Date ARA Review Completed:	
Date Requestor notified of PTPEC’s decision to pursue or dismiss the request:	
If pursued, Date Request submitted to FoPT Subcommittee:	
Date Request Completed:	