

The Environmental Laboratory Program Participation Form 2005
Whole-Volume Double-Blind Proficiency Testing Standards

CONTACT INFORMATION: Please fill in the information below

Your Name:		asi client number:
Your Company's Name:		
Your Street Address:		
City:	State:	Zip:
Phone Number: ()	Fax Number: ()	email:

SECTION #1: Third Party Selection: Please select one of the options for a third party. If you select option 1 or 2, please attach all the necessary contact information on a separate page.

- OPTION #1:** Our lab would like to use a client/field service group as our third party. YES NO
- OPTION #2:** Our lab would like to use another lab in our chain as third party. YES NO
- OPTION #3:** Our lab would like to use an **asi** provided engineering firms as our third party YES NO
 (All samples will be submitted through the fictitious firms).

SECTION #2: Container Selection: Please select one of the options for sample containers.

- OPTION #1:** We would like to use our own coolers, bottles and vials for this study. YES NO
- OPTION #2:** We would like to use **asi** coolers, bottles and vials for this study YES NO

SECTION #3: Shipping Instructions: Your laboratory will be responsible for all shipping costs incurred. Please select the shipping option you wish to use. In order to simplify billing, please provide us with your shipper number(s). You will then be billed by the carrier for the shipping rather than by asi.

Federal Express Shipper #	UPS Shipper #	Airborne Shipper #

SECTION #4: Sample Selection: Please select the samples you wish to receive by placing an **X** in the box of your selection.

INORGANICS				ORGANICS			
	Cat. #	Description	Price		Cat. #	Description	Price
<input type="checkbox"/>	DB1000	Trace Metals [Ag, Al, As, B, Ba, Be, Cd, Cr, Co, Cu, Fe, Hg, Mn, Mo, Ni, Pb, Sb, Se, Si, Sn, Sr, Ti, Tl, V and Zn] Plus Ca, Mg, K, Na and Total Hardness as CaCO ₃	\$80	<input type="checkbox"/>	DB6100	Diesel Range Organics [DRO]	\$85
<input type="checkbox"/>	DB2100	Chlorine, total residual	\$45	<input type="checkbox"/>	DB6200	Gasoline Range Organics [GRO]	\$85
<input type="checkbox"/>	DB2200	Color	\$45	<input type="checkbox"/>	DB6300	Total Petroleum Hydrocarbons [TRPH]	\$85
<input type="checkbox"/>	DB2300	Cyanide, amenable and total	\$45	<input type="checkbox"/>	DB6500	Aromatic Volatiles [BTEX + MTBE]	\$85
<input type="checkbox"/>	DB2400	Halide, total organic [TOX]	\$45	<input type="checkbox"/>	DB7000	Organochlorine Pesticides	\$85
<input type="checkbox"/>	DB2500	Hexavalent Chromium [Cr ⁶⁺]	\$45	<input type="checkbox"/>	DB7100	Pesticides II [Chlordane]	\$75
<input type="checkbox"/>	DB2600	MBAS, anionic surfactant	\$45	<input type="checkbox"/>	DB7200	Pesticides III [Toxaphene]	\$75
<input type="checkbox"/>	DB2700	Oil & Grease	\$45	<input type="checkbox"/>	DB7500	PCB's in water	\$85
<input type="checkbox"/>	DB2800	Phenolics, total	\$45	<input type="checkbox"/>	DB7700	PCB's in oil	\$85
<input type="checkbox"/>	DB2900	Turbidity	\$45	<input type="checkbox"/>	DB8000	PAH's/PNA's	\$85
<input type="checkbox"/>	DB3000	Demand [BOD, CBOD, COD & TOC]	\$60	<input type="checkbox"/>	DB8500	Chlorinated Herbicides	\$85
<input type="checkbox"/>	DB4000	Nutrients [Ammonia as N, TKN, Nitrate as N, Orthophosphate as P and Total Phosphorus]	\$60	<input type="checkbox"/>	DB9000	Volatile Organics [VOA]	\$95
<input type="checkbox"/>	DB5000	Minerals [Alkalinity, Chloride, Conductivity, Fluoride, pH, Total Solids, Total Dissolved Solids, Total Suspended Solids and Sulfate]	\$60	<input type="checkbox"/>	DB9500	Semi-volatile Organics [BNA]	\$200
<input type="checkbox"/>	DB0002	ENTIRE INORGANICS LINE*	\$632	<input type="checkbox"/>	DB0003	ENTIRE ORGANICS LINE*	\$1150
				<input type="checkbox"/>	DB0001	COMPLETE SET[#] [Both the Inorganic and Organic Lines]	\$1688

* All Line Prices Include a 5% Discount # The Complete Set Price Includes an Additional 5% Discount (Making a Total of 10%)

SECTION #6: Payment: Please provide a credit card or purchase order number to cover participation costs.

ORDERED BY (Print):	Select Card Type: <input type="checkbox"/> American Express <input type="checkbox"/> Master Card <input type="checkbox"/> Visa
Signature:	Card Number:
You can pay by either purchase order or credit card	Expiration Date:
Purchase Order #	Cardholder Name:

** Please complete this form and fax it to asi at (304) 422-4761 **