

**Food & Veterinary Medicine  
Science and Research Program**

**Application for FVM Method Validation Proposal/Finished Package Review**

Method Title:	Submission Date (dd/mmm/yyyy):
Title of project linked to method:	
CARTS No:	
Author(s) / Point(s)-of-Contact:	

**CONTACT INFORMATION**

Center:	
Address:	
Phone No:	
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**SUPERVISORY CONCURRENCE**

Immediate Supervisor:	
Title:	
Phone No:	
Email Address:	
Signature	

**SRSC RCG CONCURRENCE**

RCG Chairperson:	
Phone No:	
Email Address:	
Signature	

## METHOD DESCRIPTION

### Part 1

Discipline	Chemistry - Microbiology - Nanotechnology - Toxicology ( <i>circle one</i> )
Applicable Validation Level (refer to appropriate validation guidelines)	
Target Analyte	
Food Matrix/Matrices	
Technology used (e.g. HPLC, ELISA, PCR, etc.)	

### Part 2

Please describe in detail all aspects of the method to be validated to include but not limited to sensitivity, selectivity, special equipment needs, custom reagents, and safety needs. Attach all preliminary and/or single laboratory validation data to this application. A justification to support initiating a validation study must be included in this section. Refer to the section "Validation Evaluation Criteria" of the FVM Method Validation Subcommittee Charter.