

# Cyanotoxin Proficiency Testing Program Microcystins (2019-01) Registration Form

The Cyanotoxin Proficiency Testing Program is intended to satisfy the increasing international demand for services and products for conformity assessment in the field of cyanotoxin analysis.

## HOW IT WORKS

Abraxis will produce and distribute test materials to allow screening and confirmatory analysis to be conducted separately. The laboratory will test samples using their own test method (i.e. HPLC, ELISA, PP2A, etc.) and forward the results back to Abraxis. The end product of the proficiency testing program is a clear and comprehensive report, where data are recorded, analyzed, and statistically evaluated. Analytical methods are also listed.

Test Program 2019-01 will consist of a total of 4 finished drinking water samples fortified with one to four of the following microcystin congeners: LA, LF, LR, LY, RR, YR, dmMC-LR, nodularins. The registration deadline is February 28, 2019. Samples will be distributed in March 2019. Results are due by April 19, 2019. Reports will be available in May 2019. (Dates subject to change.)

## EVALUATION CRITERIA

Each laboratory is assigned a z-score calculated as follows:  $z\text{-score} = (x - X) / \sigma$

Where:  $x$  = analyte concentration value reported by the laboratory

$X$  is the assigned value

$\sigma$ , the proficiency variation, is calculated based on fitness for purpose criteria using Thompson's modification to the Horwitz equation (Thompson, M., 2000, Analyst, 125, 385-386).

The laboratory performance evaluation is established taking into account the following criteria for z-score:

satisfactory	when	$ z  < 2$
questionable	when	$2 <  z  < 3$
unsatisfactory	when	$ z  > 3$

## CONFIDENTIALITY OF RESULTS

The identity of the participants is confidential. Each participant laboratory receives a unique code. Only with specific authorization from the participant will Abraxis disclose all or part of the results/evaluation to third parties.

**Name<sup>1</sup>:** \_\_\_\_\_ **Institution<sup>2</sup>:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Technology to be used (i.e. LC, ELISA, etc.):** \_\_\_\_\_

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

<sup>1</sup>Contact person for final report

<sup>2</sup>As will appear on final report



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