Commonwealth of Virginia
Department of General Services
Division of Consolidated Laboratory Services
Richmond, Virginia

Change In Scope - Request Authorization

SUBMIT THIS SIGNED CHANGE OF SCOPE AUTHORIZATION PAGE WITH ONE OR MORE REQUEST DETAIL PAGE(S).

Laboratory Name: _____

Laboratory EPA ID: _____ **VELAP ID (if available):** _____

CHECK ONE:

☐ **INITIAL APPLICATION**: This request was not found in application selections. [Additional fees do not apply for requests made within the initial application process.]

☐ **UPDATE TO APPLICATION**: This request is for a Change in Scope of Certification/Accreditation or a change of primary Accrediting Body. Additional fees apply. [The laboratory will be invoiced after the request is processed.]

CHECK ONE if Update to Application:

☐ **CHAPTER 45 / CHAPTER 46 Primary REQUIRED SUBMISSIONS**:

- Standard Operating Procedure (SOP)
- Ch 46: Two successful Proficiency Test (PT) studies, where available (See VELAP PT FAQ document.)
  - **NOTE: It is the laboratory's responsibility to establish an ongoing PT schedule to ensure participation in PT studies for the added test(s) at least semi-annually (no more than 7 months apart between consecutive attempts), starting with the most recent PT study submitted with the Change in Scope request. (2016 TNI V1M1 5.1.1.d)**
- Ch 45: One successful Proficiency Test (PT) study, where available (See VELAP PT FAQ document.)
- Demonstration of Capability (DOC) documentation, to include all information required by 1VAC30-45-730 G or the 2016 TNI Standard (V1M4 1.6.2.1, V1M5 1.6.2.1, etc.)
- Minimum Detection Limit (MDL or DL) documentation, demonstrating compliance with 40CFR136 App B, if applicable, or 2016 TNI V1M4 1.5.2.1, if applicable.
- Applicable fees (to be invoiced by VELAP after application review)

☐ **CHAPTER 46 Secondary REQUIRED SUBMISSIONS**

- Copy of the most current Certificate and Scope of Accreditation from the Primary Accrediting Body
- Applicable fees (to be invoiced by VELAP after application review)

NOTE: Laboratories testing drinking water for compliance with Virginia's regulations for waterworks owners must comply with reporting requirements as specified by the Virginia Department of Health (VDH) Office of Drinking Water (ODW). Refer to these requirements and direct all reporting questions to the VDH-ODW contacts listed in their memorandum.

CHECK ONE: Please process this request:

☐ as soon as possible.

☐ with the next scheduled certificate issuance. (Submit request 90 days prior to certificate expiration.)

Number of *Request Detail* pages submitted with this *Request Authorization* form, and/or indicate if XL was used: _____

The laboratory owner or his/her designee is responsible for reviewing the current VELAP document at www.dgs.virginia.gov/dcls located under Frequently Asked Questions (FAQ) regarding Information and Fees for Adding Fields of Certification. Fees as described in the FAQ document and in the regulations referenced in the document will be invoiced upon completion of the Change in Scope, based on fees for associated processing time/labor and site visit fees, if applicable.
NOTE: A REQUEST WITHOUT APPROPRIATE SUPPORTING DOCUMENTATION MAY BE RETURNED WITHOUT PROCESSING. REGULATORY TIMELINES FOR CHANGE IN SCOPE APPLY TO APPLICATIONS RECEIVED WITH ALL SUPPORTING DOCUMENTATION. [1VAC30-45-90 B, 1VAC30-46-90 B]

Lab Owner's (or designee's) Name & Title: _____

Lab Owner's (or designee's) Signature & Date: _____

DCLS USE [Date/Initial]: Rec'd_____ Processing Completed _____ Invoiced _____
Reviewed_____)___ Payment Rec'd _____ Certificate Issued _____
NOTES:

Change in Scope - Request Detail

Laboratory Name:_____ **Laboratory EPA ID:**_____ **VELAP ID (if available):** _____

REQUESTED CHANGE IN PRIMARY ACCREDITING BODY *(Identify new AB here)*: _____

REQUESTED CHANGE TO SCOPE (select ONE per form): ☐ **ADDITION** ☐ **REMOVAL**

MATRIX (select ONE per form): ☐ **Drinking Water** ☐ **Non-Potable Water** ☐ **Solid & Chemical Materials** ☐ **Air** ☐ **Biological Tissue**

INSTRUCTIONS: ***** AN EXCEL OPTION IS AVAILABLE on the VELAP Toolbox Webpage under the heading Change In Scope *****

Below enter each METHOD/ANALYTE to be added or removed as indicated above.
Please use separate forms for ADDITIONS and REMOVALS. Please use a separate form for each MATRIX.
For ADDITIONS for Chapter 45 or Chapter 46-Primary: SPECIFY THE NAME of PT studies submitted or already on file at DCLS.
For ADDITIONS for Chapter 46- Secondary: SPECIFY THE LOCATION of the Field Of Accreditation (FOA) on the included Primary Scope of Accreditation.

Method Name with Revision and/or Date **Examples: EPA 200.7 Rev 4.4** **SM 2540 F – 2011** **EPA 8270 D**	**Analyte Name**	**FOR PRIMARY ACCREDITATION ONLY:**		**FOR SECONDARY ACCREDITATION ONLY:**		**VELAP INTERNAL USE ONLY:**		
		PT Study 1 (name)	**PT Study 2 (name)**	**Page # of FOA on Primary Certificate**	**Line # of FOA on Primary Certificate**	Primary AB Certified (2° Lab)	Added to Lab App. in PROD	NOTES