

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

**Statement of Access to 2009 TNI Standard, Volume 1**

LABORATORY NAME: \_\_\_\_\_

VELAP ID: \_\_\_\_\_

I hereby confirm that as of today's date, the laboratory listed above has obtained an official copy of Volume 1 of the 2009 TNI Standard and its representatives will be able to show the copy to the assessor during an on-site assessment.

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_