

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

**Change In Scope - Request Authorization**

**INSTRUCTIONS: 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.]
- REAPPLICATION AFTER REVOCATION:** Note requirement for corrective action report; see below. [Additional fees apply. The laboratory will be invoiced after the request is processed.]

**CHECK ONE if Update to Application or Reapplication after Revocation:**

**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: The analysis date of a successive PT is to be no more than 7 months after the PT study submitted for the new application or change in scope. (VIM1 4.2.1)**
- 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 2009 TNI Standard (VIM4 1.6.2.1, VIM5 1.6.2.1, etc.)
- **[For the case where re-application after revocation is requested]**: A corrective action report describing root cause(s) and action(s) taken to address the cause(s) for revocation
- Applicable fees

**CHAPTER 46 Secondary REQUIRED SUBMISSIONS**

- Copy of the most current Certificate and Scope of Accreditation from the Primary Accrediting Body
- Applicable fees

**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 forms submitted with this Request Authorization form: \_\_\_\_\_**

*The laboratory owner or his/her designee is responsible for reviewing the current VELAP document at [www.dgs.virginia.gov/dcls](http://www.dgs.virginia.gov/dcls) located under Frequently Asked Questions (FAQ) regarding Information and Fees for Adding Fields of Certification. [Applicable to Change In Scope or Re-Application after Revocation only.] 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, as 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:**

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 <u>with</u> 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