



## REQUEST TO DEVIATE FROM A NAHLN TESTING SOP

United States  
Department of  
Agriculture

Animal and Plant  
Health Inspection  
Service

Veterinary Services

National Veterinary  
Services Laboratories

P.O. Box 844  
1920 Dayton Avenue  
Ames, IA 50010

(515) 337-7731  
FAX (515) 337-7397

USDA, APHIS, VS recognizes that NAHLN laboratories may be requested to deviate from a NAHLN testing standard operating procedure. NAHLN Laboratories must submit this completed form to the NAHLN Program Office for approval prior to deviating from the approved use of NAHLN assays.

The completed form must be either faxed to 515-337-7397 or scanned and e-mailed to [barbara.m.martin@aphis.usda.gov](mailto:barbara.m.martin@aphis.usda.gov) **AND** [nahln@aphis.usda.gov](mailto:nahln@aphis.usda.gov). NAHLN Laboratories must notify the NAHLN Program Office at 515-337-7731 that a Request to Deviate from a NAHLN Testing SOP is being sent for approval.

Submitted forms will be reviewed, and the submitting NAHLN Laboratory will be notified by e-mail if the request was approved or rejected.

<b>A.</b>	<b>Laboratory Name:</b>	
	<b>Laboratory Director:</b>	
	<b>Laboratory Director's Phone Number:</b>	
	<b>Laboratory Director's E-mail:</b>	

<b>B.</b>	<b>Date range of planned event (or period of time deviation will be performed):</b>	
	<b>NAHLN SOP Number:</b>	
	<b>NAHLN SOP Name:</b>	

<b>C.</b>	<b>Description of the planned deviation:</b>

<b>D.</b>	<b>Technical justification for the planned deviation:</b>



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By signing below the Laboratory Director is:

- ✓ Requesting a planned deviation from the listed NAHLN SOP
- ✓ Understands the reporting requirements associated with conducting tests off protocol and will report to the client that the test used was not validated for the specific deviation.
- ✓ Understands that established NAHLN SOPs as well as use of NAHLN standardized reagents and controls must only be used when testing and reporting results for NAHLN purposes. No deviations are allowed without approval from NVSL. *Failure to comply with all regulations and policies by any party may result in immediate loss of the laboratory's approval to conduct NAHLN testing.*

<b>E.</b>	<b>Laboratory Director Review:</b>	
		<b>Signature and date</b>

<b>F.</b>	<b>NAHLN/NVSL Review</b>		
	<b>NAHLN Coordinator:</b>	<input type="checkbox"/> <b>Deviation approved</b>	<input type="checkbox"/> <b>Deviation rejected</b> <b>Reason:</b>
		<b>Signature &amp; date</b>	
	<b>NVSL Reference Laboratory:</b>	<input type="checkbox"/> <b>Deviation approved</b>	<input type="checkbox"/> <b>Deviation rejected</b> <b>Reason:</b>
		<b>Signature &amp; date</b>	

FOR APHIS USE ONLY:

Received: \_\_\_\_\_ Responded to submitting Laboratory: \_\_\_\_\_ Filed: \_\_\_\_\_