

REQUEST FOR EXEMPTION OF TEST/METHOD FROM CURRENT LICENSURE FORM (7/20/07)

North Dakota Board of Clinical Laboratory Practice NDCC section 43-48-03.

NOTE: The Board uses three criteria in determining if a test should be exempt:

(1) Methodology/Instrumentation must be included in *List of Tests Waived by FDA*.

If the test is not on this list, it will not be approved for exemption.

(2) Exemption should improve patient care as well as provide additional staffing options.

(3) Exemption should have a positive outcome on patient consequences.

Organization Name:

Address:

Phone Number:

Fax:

Email:

* Please complete a separate form for each test requested. *

* You must explain the instrumentation of each test and also must include package inserts. *

Test Name:

Methodology:

Other Known
Methods:

Reason for
requesting this
method be
exempt:

Test Use:

Currently
performed by:
(title,
discipline)

Please turn over to complete and sign form.

Who do you anticipate performing the method?	
How do you plan to meet the supervision requirements of N.D. Admin. Code 96-02-10-02?	
Quality Control and Calibration requirements:	
Other pertinent information: (such as false positive or false negative rate, sensitivity and specificity data, etc.)	

Signature of Person Completing Form

Date

Return completed form to:
NDBCLP
PO Box 4103
Bismarck, ND 58502