Attachment E

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE
INTERNATIONAL PROGRAMS

# FOREIGN COUNTRY LABORATORY REVIEW

| REVIEW DATE | NAME OF FOREIGN LABORATORY |
|---|---|
| 10-9-00 | Institute for Experimental Pathology |

| FOREIGN GOV'T AGENCY | CITY & COUNTRY | ADDRESS OF LABORATORY |
|---|---|---|
| Veterinary Service | Keldur, Iceland | Keldur, Iceland |

| NAME OF REVIEWER | NAME OF FOREIGN OFFICIAL |
|---|---|
| Dr. Hussain Magsi | Dr. S.O. Hannson |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Residue Code/Name ▶ | | | 200 | spec | | | | | | | | | | |
| SAMPLING PROCEDURES | REVIEW ITEMS | ITEM # | EVALUATION CODE | | | | | | | | | | | | |
| | Sample Handling | 01 | | A | C | | | | | | | | | | |
| | Sampling Frequency | 02 | | A | C | | | | | | | | | | |
| | Timely Analyses | 03 | | C | C | | | | | | | | | | |
| | Compositing Procedure | 04 | | O | C | | | | | | | | | | |
| | Interpret Comp Data | 05 | | A | C | | | | | | | | | | |
| | Data Reporting | 06 | | C | C | | | | | | | | | | |
| ANALYTICAL PROCEDURES | Acceptable Method | 07 | EVALUATION CODE | A | C | | | | | | | | | | |
| | Correct Tissue(s) | 08 | | A | C | | | | | | | | | | |
| | Equipment Operation | 09 | | A | C | | | | | | | | | | |
| | Instrument Printouts | 10 | | A | C | | | | | | | | | | |
| QUALITY ASSURANCE PROCEDURES | Minimum Detection Levels | 11 | EVALUATION CODE | A | C | | | | | | | | | | |
| | Recovery Frequency | 12 | | A | C | | | | | | | | | | |
| | Percent Recovery | 13 | | A | C | | | | | | | | | | |
| | Check Sample Frequency | 14 | | A | C | | | | | | | | | | |
| | All analyst w/Check Samples | 15 | | A | C | | | | | | | | | | |
| | Corrective Actions | 16 | | A | C | | | | | | | | | | |
| | International Check Samples | 17 | | A | C | | | | | | | | | | |
| REVIEW PROCEDURES | Corrected Prior Deficiencies | 18 | EVAL. CODE | A | C | | | | | | | | | | |
| OTHER REVIEW | | 19 | EVAL. CODE | | | | | | | | | | | | |
| | | 20 | | | | | | | | | | | | | |

SIGNATURE OF REVIEWER

DATE

Designed on FormFlow Software

| FOREIGN COUNTRY LABORATORY REVIEW *(Comment Sheet)* | REVIEW DATE 10-9-00 | NAME OF FOREIGN LABORATORY Institute for Experimental Pathology |
|---|---|---|
| FOREIGN GOV'T AGENCY Veterinary Service | CITY & COUNTRY Keldur, Iceland | ADDRESS OF LABORATORY Keldur, Iceland |
| NAME OF REVIEWER Dr. Hussain Magsi | NAME OF FOREIGN OFFICIAL Dr. S.O. Hannson | |

| RESIDUE | ITEM | COMMENTS |
|---|---|---|
| 200 | 3 AND 6 | Sample results not reported and/or analyzed for 4 to 5 months. |
| Species | 1-18 | Species verification testing not done. |

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# FOREIGN COUNTRY LABORATORY REVIEW

| REVIEW DATE | NAME OF FOREIGN LABORATORY |
|---|---|
| 10-18-00 | Icelndic Fisheries Laboratories |

| FOREIGN GOV'T AGENCY | CITY & COUNTRY | ADDRESS OF LABORATORY |
|---|---|---|
| Ministry for Fisheries and Oceanogrpahy | Reykjavik, Iceland | Reykjavik, Iceland |

| NAME OF REVIEWER | NAME OF FOREIGN OFFICIAL |
|---|---|
| Dr. Hussain Magsi | Dr. S.O. Hannson |

| | Residue Code/Name ▶ | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | REVIEW ITEMS | ITEM # | | | | | | | | | | | | |
| SAMPLING PROCEDURES | Sample Handling | 01 | EVALUATION CODE | | | | | | | | | | | |
| | Sampling Frequency | 02 | | | | | | | | | | | | |
| | Timely Analyses | 03 | | | | | | | | | | | | |
| | Compositing Procedure | 04 | | | | | | | | | | | | |
| | Interpret Comp Data | 05 | | | | | | | | | | | | |
| | Data Reporting | 06 | | | | | | | | | | | | |
| ANALYTICAL PROCEDURES | Acceptable Method | 07 | EVALUATION CODE | | | | | | | | | | | |
| | Correct Tissue(s) | 08 | | | | | | | | | | | | |
| | Equipment Operation | 09 | | | | | | | | | | | | |
| | Instrument Printouts | 10 | | | | | | | | | | | | |
| QUALITY ASSURANCE PROCEDURES | Minimum Detection Levels | 11 | EVALUATION CODE | | | | | | | | | | | |
| | Recovery Frequency | 12 | | | | | | | | | | | | |
| | Percent Recovery | 13 | | | | | | | | | | | | |
| | Check Sample Frequency | 14 | | | | | | | | | | | | |
| | All analyst w/Check Samples | 15 | | | | | | | | | | | | |
| | Corrective Actions | 16 | | | | | | | | | | | | |
| | International Check Samples | 17 | | | | | | | | | | | | |
| REVIEW PROCEDURES | Corrected Prior Deficiencies | 18 | EVAL. CODE | | | | | | | | | | | |
| OTHER REVIEW | | 19 | EVAL. CODE | | | | | | | | | | | |
| | | 20 | | | | | | | | | | | | |

| FOREIGN COUNTRY LABORATORY REVIEW *(Comment Sheet)* | REVIEW DATE 10-18-00 | NAME OF FOREIGN LABORATORY Icelndic Fisheries Laboratories |
|---|---|---|
| FOREIGN GOV'T AGENCY Ministry for Fisheries and Oceanogrpahy | CITY & COUNTRY Reykjavik, Iceland | ADDRESS OF LABORATORY Reykjavik, Iceland |
| NAME OF REVIEWER Dr. Hussain Magsi | NAME OF FOREIGN OFFICIAL Dr. S.O. Hannson | |

| RESIDUE | ITEM | COMMENTS |
|---|---|---|
| 400 | 3 and 6 | Sample results not reported and/or analyzed for 4 to 5 months. |