



APPLICATION FOR MEDICAL LABORATORY ACCREDITATION

For IAS Internal Use
Listing No. \_\_\_\_\_

New accreditation

For new accreditation request, a copy of the applicant's management system documentation must be submitted with a completed and signed application for assessing the compliance with (i) IAS Accreditation Criteria for Medical Laboratory AC780; (ii) ISO 15189; (iii) other related regulatory/specification requirements should be submitted with the application.

- Renewal (One Year Two Years Three Years) Company Name Change

1. NAME OF APPLICANT (COMPANY NAME) (exactly as it should appear on IAS listing)

2. DESIRED SCOPE OF ACCREDITATION

(For Medical Testing, tick the desired scope, Clinical Biochemistry (Toxicology): Clinical Microbiology: Clinical Pathology: Genetics (Cytogenetics): Haematology: Histopatholog (Cytopathology (Cytology) / Hospital Autopsy): Immunology: Medical Imaging: Molecular Pathology: Nuclear Medicine: Point-of-care Testing (POCT): Pharmacology (Attach additional sheets as needed.)

3. LABORATORY STREET ADDRESS

Address (exactly as it should appear on listing) City
State/Province Zip/Postal Code Country (if other than U.S.A.)

4. MAILING ADDRESS

Address City
State/Province Zip/Postal Code Country (if other than U.S.A.)

5. TELEPHONE NO. FAX NO.

6. E-MAIL ADDRESS WEB ADDRESS

7. Name and title of applicant's technical representative (or laboratory director, however named) Name Title

Address

Phone number Fax number E-mail

8. Within the past five years have any of your accreditations been revoked, withdrawn, placed on suspension, and/or removed from listing? If "yes" please explain on separate page. No Yes

9. Have the owner(s) of this laboratory own or operate other organizations in the last 5 years (with the same or different name) No Yes

10. If you had previously applied for accreditation, please answer the three questions below. If you answer "yes" to any of the questions, please explain on a separate sheet and/or include appropriate supporting documentation.

- a. Since the last time your company applied for accreditation, have there been any changes in ownership or in key management, technical, or quality assurance personnel? No Yes
b. Since the last time your company applied for accreditation, have there been any major changes in the documented management system? No Yes
c. Are you aware of any complaints, from your company's clients or others, about the services covered by this application? No Yes

By signing, the applicant agrees that all the information presented in the above application is true and correct, and to abide by the CONDITIONS FOR APPLICATION listed on page 2.

Authorized Signature for Applicant

Name of Signer (type or print)

Title

Date

# CONDITIONS FOR APPLICATION

- a. As a condition of the accreditation, the applicant acknowledges that the International Accreditation Service, Inc. (IAS), staff or authorized representative(s) may conduct unannounced assessments of the facilities of the applicant, or other facilities where the applying laboratory conducts tests under this application, to verify compliance with the listing and applicable rules of procedure.
- b. Within 30 days of mailing of written demand by IAS, applicant shall reimburse IAS for all expenses related to accreditation. Reimbursable expenses include, but are not limited to, travel expenses and assessor time.
- c. An IAS laboratory accreditation does not imply any guarantee or warranty, express or implied and including but not limited to any warranty of merchantability or fitness for any particular purpose, of any product or specimen tested or certified by the applicant, or any guarantee or warranty of any nature by IAS concerning any tests conducted by the applicant. Applicant agrees that it shall have no cause of action or claim against IAS, International Code Council (ICC), or any of their affiliates, parent, or brother or sister corporations or their Successors-in-Interest or assigns, or the officers, directors, members and employees thereof (collectively, the "Indemnitees"), arising in any manner from any denial of this application or from any accreditation given pursuant to this application, whether or not such accreditation is or is not subject to any conditions. Applicant agrees to hold the Indemnitees harmless, and to protect, defend and indemnify them, with respect to any claim, liability, demand, action, judgment, proceeding, costs, damages and expenses (including attorneys' fees) whether for personal injury, wrongful death, property damage, or any type of injury or damage whatsoever, arising from: (i) the application and accreditation; (ii) any certification or approval services of any nature provided by the applicant; (iii) the use of any service of any nature offered by the applicant, or the use or operation by any person of any product tested or certified by the applicant, whether related to the matters set forth in the first sentence of this paragraph or otherwise; or (iv) the reference to or reliance upon, actual or asserted, any product certification or approval given by the applicant or any testing services rendered by the applicant including but not limited to the results of any testing conducted by the applicant. California law shall apply to the interpretation hereof. If any part or portion of this paragraph, or any application thereof to particular facts, should be determined invalid, the provisions hereof shall be severable so as to achieve for the Indemnitees the maximum legal application.
- d. In consideration of the processing of this application, the applying laboratory agrees to abide and be bound by any conditions attached to any listing or renewal thereof issued pursuant to this application, or any later amendment of said listing or renewal, the Rules of Procedure for Medical Laboratory Accreditation, which by this reference are made a part hereof, and any additions, deletions, or changes to such Rules of Procedure or Accreditation Criteria hereafter adopted. In agreeing to abide and be bound by the Rules of Procedure and the Accreditation Criteria for Medical Testing the applying laboratory understands that the failure to do so may result in the revocation, suspension or modification of accreditation issued pursuant thereto in accordance with the terms of the Rules of Procedure.

Authorized Signature for Applicant \_\_\_\_\_

Date \_\_\_\_\_