



Request for Quotation Accreditation of Proficiency Testing (PT) Providers

1. Company Legal Name of Proficiency Testing Provider

2. Proficiency Testing Provider Location Address

2.1 Street Address

2.2 City/State/Province

2.3 Zip/Postal Code

2.4 Country

3. Contact details

3.1 Technical Contact Full Name

3.2 Telephone number

3.3 Email

3.4 Website of the company

4. Testing sector

- Biological
- Chemical
- Electrical
- Electronics

- Fluid flow
- Forensic
- Mechanical
- Non-destructive

- Photometry
- Radiological
- Gases
- Other *(Please specify)*

5. Calibration sector

- Electro-technical
- Fluid flow
- Mechanical

- Medical devices
- Optical
- Radiological

- Thermal
- Other *(Please specify)*



6. Medical sector

- | | | |
|--|---|---|
| <input type="checkbox"/> Clinical Biochemistry | <input type="checkbox"/> Haematology & Immunohematology | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Clinical Pathology | <input type="checkbox"/> Histopathology | <input type="checkbox"/> Other (Please specify) _____ |
| <input type="checkbox"/> Cytopathology | <input type="checkbox"/> Genetics | |
| <input type="checkbox"/> Microbiology & Serology | | |

7. Inspection sector

- | | |
|---|---|
| <input type="checkbox"/> Agriculture & agricultural products | <input type="checkbox"/> Industrial equipment and machinery |
| <input type="checkbox"/> Building construction & maintenance | <input type="checkbox"/> IT products and services |
| <input type="checkbox"/> Environment & Environmental protection products | <input type="checkbox"/> Natural resources & refined products |
| <input type="checkbox"/> Factory inspection | <input type="checkbox"/> NDT |
| <input type="checkbox"/> Forensic inspection | <input type="checkbox"/> Technical regulation inspection |
| <input type="checkbox"/> Health inspection | <input type="checkbox"/> Tourism accommodation |
| <input type="checkbox"/> Manufactured goods | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Industrial and commercial construction & maintenance | <input type="checkbox"/> Other (Please specify) _____ |

8. Provide the year that your organization began offering proficiency Testing

9. Number of PT rounds conducted under technical sectors noted above

10. Desired Scope of accreditation (Please add rows if required)

PT Scheme (Ex. Chemical Testing)	Technical Sector (Ex. Construction materials)	Sub-sector (Ex. Chemical properties of construction materials)	Product/ item (Ex. Soil)	Analyte/ Measurement (Ex. pH, Organic matter.)



11. List PT activities that are outsourced to external organizations and internal facilities

No	PT Activities	Internal	External
	Ex. PT Item production	Production Department of Parent company	
	Ex. Homogeneity testing of PT items	-	Accredited testing labs
1			
2			
3			
4			
5			

EMAIL FORM

CLEAR FORM