



## APPLICATION FOR ACCREDITATION OF BIOBANKS

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

(Select as appropriate)

New accreditation

If this is a new request for accreditation, a copy of the applicant's management system manual, complying with the IAS Accreditation Criteria for Biobanking AC 802) should be submitted upon request or with the application.

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

2. FOR NEW APPLICANTS LIST DESIRED SCOPE OF ACCREDITATION BELOW (Attach additional sheets as needed)

The type of biological material and associated data may refer to materials from:

Human       Animal       Fungus       Plant       Microorganisms       Other

If other type of biological material is selected, please explain: -

.....  
.....

### 3. Information on Biobanking activities

3.1 Does the applicant carry out acquisition and storing of biological and associated data (per ISO 20387 definition) Yes  No

3.2 What are the other biobanking activities

Collection       Preparation       Preservation       Testing       Analyzing       Distributing   
Others  (describe the activity).....

Continued

4. Scope of accreditation applied: (Please refer below examples as per APAC TEC1-001)

Category of Biological Material	Subcategory	Activities	Methods (Internal/External)	Storage Conditions	Location	Purpose (internal only/External)	Remarks
Ex. Human	Ex. Biofluids, cells, Biological Molecule, tissue, blood, extracts, blood spot, hair, nails, bacteria, viruses	Acquisition, Storage and • Collection • Preparation	Ex. reference to ISO standards, National standards, Industrial standards, Association standards, Biobank SOPs, etc.	Ex. -80° Freezer, Slides, Cryofreezer, etc.	Ex. Main Office and regional offices	Ex. Internal research only	
Ex. Animal	Ex. Biofluids, cells, Biological Molecule, tissue, blood, extracts, bacteria, viruses	Acquisition, Storage and • Processing • Examination	Ex. reference to ISO standards, National standards, Industrial standards, Association standards, Biobank SOPs, etc.	Ex. -80° Freezer, Slides, Cryofreezer, etc.	Main Lab	Open to all	
Plant Material	e.g. Whole plant material, organic solvent extracts, aqueous extracts	Acquisition, Storage and • Collection • Preparation • Processing • Examination • Authentication • Preservation • Distribution	Ex. reference to ISO standards, National standards, Industrial standards, Association standards, Biobank SOPs, etc.	Ex. -80° Freezer, Slides, Cryofreezer, etc.	Main lab	Internal use only	
Fungal	e.g. Whole material, mycelium, spores	Acquisition, Storage and • Preservation • Distribution	Ex. reference to ISO standards, National standards, Industrial standards, Association standards, Biobank SOPs, etc.	Ex. -80° Freezer, Slides, Cryofreezer, etc.	Branch Lab	Open	

5. Details of subcontractor used:

Activity subcontracted	Name & address of subcontractor	Accreditation or certification details of subcontractor

6. ORGANIZATION STREET ADDRESS

Address (exactly as it should appear on listing) \_\_\_\_\_ City \_\_\_\_\_

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

7. MAILING ADDRESS

Address \_\_\_\_\_ City \_\_\_\_\_

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

8. TELEPHONE NO. (\_\_\_\_\_) \_\_\_\_\_ FAX No. (\_\_\_\_\_) \_\_\_\_\_

9. E-MAIL ADDRESS \_\_\_\_\_ WEB ADDRESS \_\_\_\_\_

10. ORGANIZATION

10.1 Organization structure with the position of Biobank (in case Biobank is part of a parent organization) (Please attach additional documents as needed)

10.2 Organization structure of Biobank (Please attach additional documents as needed)

.....

**10.3 Details of personnel involved in Biobanking activities (Please attach additional documents as needed)**

Name & designation	Qualification with specialization	Training relevant to Biobanking activities	Experience in Biobanking related activities	Involved for which Biobanking activities

**10.4 Details of Advisory / Steering Committee (Please attach additional documents as needed)**

Name of expert	Affiliation to which organization	Qualification with specialization	Details of expertise in Biobanking related activities	Involved for which Biobanking activities

**10.5 Name and title of applicant's technical representative**

Name

Title

Address

Phone number

Fax number

E-mail

**10.6 Name of individuals/organizations providing consultancy/training /internal audits/facilities to develop quality system and biobanking related activities**

Name:- ..... Title:-.....

Activities involved in: .....

**11. EQUIPMENT**

**11.1 Details of equipment (if applicable) (Please attach additional documents as needed)**

Name of equipment	Capacity / Range	Used for which Biobanking activity	Calibration done on (if applicable)	Calibration due on (if applicable)	Calibrated by

**11.2 Details of Reference Materials used for Biobanking activities (if applicable) (Please attach additional documents as needed)**

Name of Reference materials/ Culture	Provided by (Source)	Traceability to

**11.3 Details of participation in Proficiency Testing Programs in relation to Biobanking activities (if applicable) (Please attach additional documents as needed)**

Name of PT Program	Does the PT Provider accredit to ISO/IEC 17043	Activities covered	Results

**12. 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

13. If this is a renewal, 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 IAS 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 IAS 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 5.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person completing the application (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 organization conducts Biobanking activities 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 staff time.
- c. An IAS 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 tested or certified by the applicant, or any guarantee or warranty of any nature by IAS concerning any tests or calibration 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/calibrated 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 or calibration services rendered by the applicant including but not limited to the results of any testing or calibration 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 organization 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 Accreditation of Biobanks, which by this reference are made a part hereof, the Accreditation Criteria for Biobanking, which by this reference is made a part hereof, and any additions, deletions, or changes to such Rules or Accreditation Criteria hereafter adopted. In agreeing to abide and be bound by the Rules of Procedure and the Accreditation Criteria for Biobanking, the applying organization 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 Organization\_\_\_\_\_

Date\_\_\_\_\_