

## REQUIRED INFORMATION ON SUBMISSION OF ACCREDITATION APPLICATION FOR TESTING/CALIBRATION/MEDICAL LABORATORIES

1. **SADCAS F 43 (a/b/c)** - Application for accreditation of Testing/Calibration/Medical Laboratory
2. **SADCAS F 44** - SADCAS Accreditation Agreement
3. **SADCAS F 43 (f)** - Applications for approval of personnel to be submitted with CV and certified copies of educational certificates and any other qualifications
4. **Quality Manual** including the following:
  - ✓ Policy Manual
  - ✓ Technical Procedures
  - ✓ Forms
  - ✓ Tests Methods
  - ✓ Validation data and reports for all tests applied for accreditation
5. **Proficiency testing (PT)/Inter-laboratory Comparisons (ILC)** results for all tests applied for (at least one last round)
6. **5-year PT/ ILC Plan**

**Table 1 - Checklist** (to be completed where relevant)

Procedures/ documentation that address the following:	YES	NO	NA	Addressed in (State document name/reference number)
✓ Impartiality				
✓ Operational integrity				
✓ Undue Pressure				
✓ Confidentiality				
✓ Conflict of Interest				
✓ Ethical Conduct				
Document Control				
Service Agreements/Review of Requests, Tenders and Contracts				
Referral/Subcontracting of Tests and Calibrations				
Purchasing Services and Supplies				
Control of Non-conforming Work				
Continual Improvement				
Corrective Action				
Preventive Action/Risk Management				
Preventive Action/Risk Management				
Control of Records/ Control of Data				
Internal Audits				

Procedures/ documentation that address the following:	YES	NO	NA	Addressed in (State document name/reference number)
Management Reviews				
Personnel Management /Training and Competence Evaluation				
Sampling/Sample Management				
Method Validation				
Estimation of Measurement Uncertainty				
Assuring Quality of Examination Results				
Quality Control				
Participation in EQA/ PT/ILC				
Equipment Management				
Measurement Traceability				
Reference Standards and Reference Materials				
Assuring the Quality of Test/ Calibration Results				
Reporting of Results				
Safety/Waste Management				
Information Management				
Master Index/Document Register				

**Note:** Please submit any additional documents used in the system

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_