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International Accreditation Service, Inc.

3060 Saturn Street, Suite 100

Brea, CA 92821 USA

t: 562.364.8201

www.iasonline.org

Get A Quote Medical Laboratory Accreditation

Legal Name of Laboratory _____

Laboratory Location Address _____

Street Address

City/State/Province

Zip/Postal Code

Country (if other than U.S.A.)

Technical Contact First and Last Name _____

Email Address _____ **Company Website** _____

Phone Number _____

Identify Areas of Medical Testing

Clinical Biochemistry

Toxicology

Clinical Microbiology

Clinical Pathology

Genetics;

Sub-discipline

Cytogenetics;

Hematology

Histopathology:

Sub-discipline

Cytopathology (Cytology);

Hospital Autopsy;

Immunology

Medical Imaging

Molecular Pathology

Nuclear Medicine

Point-of-care Testing (POCT)

Pharmacology

Other

Do you wish to include in your Accredited Scope

Satellite Lab

Point of Care

Mobile Unit

Proposed Scope of Accreditation Table (Attach additional boxes or sheets as needed.)

New applicants: List the proposed scope of accreditation being sought in the table below. Items in red are examples only. List specific disciplines and test methods or assays: e.g., immunoassay test, Rheumatoid Factor, hormone levels (like insulin, TSH, estrogen), and cancer markers (like PSA, CA-125, and AFP) (Attach additional sheets as needed.)

Discipline (e.g. Genetics) _____ **Sub-Discipline** _____

Materials/Product Tested / Sample type	Specific Examination/ Property Measured (Determinant)	Test Method /Procedure / Technique / Equipment
Examples only: Whole blood / Serum (EDTA, Clot accelerator)	Examples only: DNA Profiling of HLA - A region	Examples only: Molecular/Sequence Specific Primers (SSP)

Personnel (include full time/contract/part-time/other):

Laboratory Section name (e.g. Microbiology Lab, Genetics Lab)	Number of Staff	Location of laboratory
Type of Laboratory (e.g. Satellite Lab, Point of Care, Mobile unit)	Number of Staff	Location of laboratory

Supplemental Information

	Program Information	Please tick if information is submitted
6.1	Provide the month and year that your organization began offering medical testing services.	
6.2	List existing certification (e.g., ISO 9001etc) or accreditations (e.g., ISO/IEC 17025 or Forensic etc.) held by your company [please attach the certificate(s) of certification or accreditation].	List
6.3	List any additional standards and/or regulations that must be met in the health industry that accreditation from IAS will support.	List
6.4	List/Identify the names of Proficiency Testing providers or inter-laboratory comparisons that are currently being undertaken.	List