





**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

<b>Materials/Product Tested / Sample type</b>	<b>Specific Examination/ Property Measured (Determinant)</b>	<b>Test Method /Procedure / Technique / Equipment</b>
Solid tumor	Analysis of BRAF::KIAA1549 fusion	Droplet digital PCR
Solid tumor	Analysis of MYCN or ALK amplification	Droplet digital PCR
Solid tumor	Analysis of ALK F1174L, F1245L, and R1275Q mutations	Droplet digital PCR
Solid tumor	Analysis of NPM1::ALK fusion	Droplet digital PCR
Solid tumor	Analysis of H3F3A:K27M mutation	Droplet digital PCR