



**LAS-L002 B**

**APPLICATION FOR ACCREDITATION OF MEDICAL LABORATORIES**

Issued by: TTLABS  
Approved : Manager, TTLABS  
Date: January, 2007

**A: GENERAL LAS-L002 B**

***APPLICATION FOR ACCREDITATION OF MEDICAL LABORATORIES***

**Please read instructions and complete the ALL applicable sections of the form.**

**Instructions:**

The applicant agrees to fulfill the requirements for Accreditation established by TTLABS. Prior to completing this form you should read TTLABS document Q001 “General Requirements for Accreditation” (Available at [www.ttbs.org.tt](http://www.ttbs.org.tt)) and L015 entitled “Guidance on Application for Accreditation.”

The applicant also agrees to give personnel from TTLABS – including hired assessors – access to documents, personnel and accommodations as necessary. The applicant accepts the financial requirements and will meet their contractual obligations whether accreditation is granted or not. This form is available electronically, should applicants wish to complete it and forward it by this process. TTLABS does not accept responsibility for confidentiality of information or for receipt for applications submitted by E-mail. Please note that any applications submitted by E-mail must have the application fee paid beforehand to TTLABS. Evidence of payment will be required prior to processing the application.

Note: If you do not receive an acknowledgement of receipt of this form by TTLABS within 2 weeks of dispatch you should contact the TTLABS office.

**TTLABS**

Attention: Manager, Laboratory Accreditation

P.O. Box 467, Port of Spain

Trinidad and Tobago, W.I.

Tel: 1-868-662-8827

Fax: 1-868-663-4335

Lab.accreditation@ttbs.org.tt

Laboratory/Organisation Name			
Contact Person			
Position			
Physical Address		Tel	
Postal Address		Fax	
Cell		E-mail	
Field(s) of Operation			
<b>TYPE OF ACCREDITATION</b>			
Initial Accreditation	Yes	No	
Extension of Accreditation	Yes	No	Other (specify)
<b>DISCIPLINES FOR WHICH ACCREDITATION IS SOUGHT</b>			
Clinical Pathology		Haematology	Serology
Chemical Pathology		Microbiology	Histopathology
Immunology		Virology	Cytology
Other (specify)			



**C: INFORMATION ON SENIOR STAFF**

For each staff member having responsibility for a product or service for which accreditation is sought please give the following details. This includes the **Quality Manager** and **Technical Manager**, where applicable.

Name		Position	
Area of responsibility		No. of staff in area	
Experience and training			
Name		Position	
Area of responsibility		No. of staff in area	
Experience and training			
Name		Position	
Area of responsibility		No. of staff in area	
Experience and training			
Name		Position	
Area of responsibility		No. of staff in area	
Experience and training			
Name		Position	
Area of responsibility		No. of staff in area	
Experience and training			
Name		Position	
Area of responsibility		No. of staff in area	
Experience and training			
Name		Position	
Area of responsibility		No. of staff in area	
Experience and training			



<b>D: ENCLOSURES</b>			
<i>The Chief Executive Officer or authorized official must read, complete and sign this form.</i>			
The following is enclosed (please indicate):			
Copy of the Quality Manual		Application Fee ( <i>amount</i> )	
Other documentation <u>SEE NOTE</u> (specify any attached to the application form and tick below)			
<u>NOTE</u> Documentation to be submitted prior to assessment is as follows for: <u>Medical Laboratories:</u> a) Completed all relevant parts of application form..... b) Copy of the relevant, authorized test method(s)..... c) Information regarding active participation in an External Quality Assessment scheme, where available..... d) Job Descriptions..... e) Other (specify).....			<u>Tick</u>
<b>E: DECLARATION:</b> I understand that the application fee is not refundable.  I understand the manner in which the accreditation system operates and functions. TTLABS does not accept any responsibility for the actions or the results of any actions of an accredited organization. I, the undersigned agree, as the authorized officer of the applicant that any liability of TTLABS which may arise due to negligence in terms of any accreditation is limited to a refund of the annual fee payable by the organization.  I declare the information given in this application is correct to the best of my knowledge and belief. I undertake to inform TTLABS immediately of any changes with respect to the application and accept full responsibility for any costs incurred as a result of any changes not reported to TTLABS.			
<b>Signed</b>			
<b>Name</b>			
<b>Designation</b>			
<b>Date</b>			