

**AC 4: Testing Laboratory Accreditation**



COMPANY DETAILS			
Company Name			
UKAS Ref (Existing Customers Only)		ETS Ref No. (UKAS Use Only)	

**STANDARD**

BS EN ISO/IEC 17025

BS EN ISO 15189 (Medical Laboratories)\*

Sector Schemes/Other (Please Detail)

\_\_\_\_\_

*\* Please be aware that for BS EN ISO 15189 applications, there is currently a lead-in time for arranging assessments of 6 months following receipt of application.*

**Scope(s) Requested:**

Your application cannot be processed unless the relevant technical procedures are submitted. When in-house developed or non-standard methods are proposed, the validation data must also be supplied.

No.	MATERIALS / PRODUCTS TESTED	TYPES OF TEST / PROPERTIES MEASURED / RANGE OF MEASUREMENT <sup>1</sup>	STANDARD SPECIFICATIONS / TECHNIQUES USED <sup>2</sup>	DESCRIPTION OF EQUIPMENT USED	O & I <sup>3</sup>

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1. Please indicate [with a "\*\*"] on the details above any tests you carry out at customers' sites, or in temporary or mobile facilities. Please also indicate the type of site (e.g. mobile facility) and locations.
2. Standard specifications may include specifications issued by companies and other organisations both in the UK and foreign, as well as national and international standards. Reference numbers and dates of specifications must also be quoted. In the absence of standard specifications, documented in-house procedures may be quoted; cross-refer to your laboratory's quality manual/procedures manual. Please indicate the measurement technique involved wherever possible.
3. For BS EN ISO/IEC 17025, please indicate if expression of opinions and interpretations in test reports is required by ticking the 'O&I' column, against the relevant parts of your required scope.

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**IN-HOUSE CALIBRATION:**

Are there any in-house calibration(s) of equipment used for any measurement activities included in your scope of application?

Yes  No

*If 'Yes' please provide details below (refer to UKAS publication TPS 52 for information)*

No.	MEASURED QUANTITY/INSTRUMENT	REFERENCE STANDARD USED	PROCEDURE	PURPOSE (DETAILS OF MEASUREMENT ACTIVITIES THAT THIS SUPPORTS)

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**MULTI-SITE APPLICATIONS:**

If your application covers activities performed at more than one site, details must be provided below.

SITE No.	SITE LOCATION	ACTIVITIES PERFORMED AT THIS SITE	CONTACT DETAILS

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### EXTENSIONS TO SCOPE ONLY:

1.  I wish this extension to scope application to be processed now (and understand this may require an extra visit by UKAS).

#### Desired Timeframe for Assessment:

- 1-3 Months    3-6 Months    6-9 months    9-12 months

*Please note standard UKAS timeframe for the assessment of extensions to scope is 3 months from receipt of application*

2.  I wish this extension to scope application to be processed with my next surveillance/re-assessment visit.
3.  I wish this extension to scope application to be considered for postal review.

*For an extension to scope to be considered for postal review the following documentation must be supplied, where it is applicable:*

Documentation	'Tick' if supplied
Documented Technical Procedure	<input type="checkbox"/>
Method Validation Data and Validation Summary	<input type="checkbox"/>
Details of internal Quality Control including control charts	<input type="checkbox"/>
Proficiency Testing Scheme Data	<input type="checkbox"/>
Training Records of Relevant Staff	<input type="checkbox"/>
Uncertainty of Measurement Budgets	<input type="checkbox"/>
System Suitability Checks	<input type="checkbox"/>
Detail of the Measurement Traceability Chain	<input type="checkbox"/>

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**DECLARATION:**

I declare that I am authorised, on behalf of the company, to submit this application, and that the information contained herein is both correct and accurate to the best of my knowledge and belief. I understand and accept that an assessment fee will normally be charged for an extension of scope, and it may be necessary to revise our annual fees.

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

**Position:** \_\_\_\_\_

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

**APPLICATIONS TO BE SUBMITTED TO:**

**EMAIL:** [apps@ukas.com](mailto:apps@ukas.com)

**FAX:** +44 (0) 20 8917 8499

**POST:** Applications Unit, United Kingdom Accreditation Service, 21-47 High Street, Feltham, Middlesex. TW13 4UN