**UKAS Accreditation of Laboratories Performing Analysis of Toxicology Samples**

 **(ISO/IEC 17025 and/or ISO 15189)**

**Testing Laboratory Declaration Form** **(LAB 51)**

Following the recent publication of LAB 51 “UKAS Accreditation of Laboratories Performing Analysis of Toxicology Samples” it is required that all laboratories performing analysis of Toxicology Samples shall be demonstrably compliant with this document by **01 September 2021**.

UKAS shall be assessing implementation of the expectations of LAB 51 at the next assessment, with either additional effort being added to the existing assessment or an additional assessment.

UKAS require that the following declaration be completed and sent back by **31 August 2021** to Kimberley Brumpton at UKAS (kimberley.brumpton@ukas.com) to provide UKAS with the necessary confidence of compliance with requirements of ISO/IEC 17025 and / or ISO 15189 and the additional expectations within LAB 51.

**Declaration:**

I hereby declare that the management responsible for assuring compliance with accreditation requirements have taken all measures necessary to ensure compliance with expectations within LAB 51 “UKAS Accreditation of Laboratories Performing Analysis of Toxicology Samples”.

These measures include undertaking the following arrangements to ensure the effective implementation of our procedures as necessary meet the expectations of LAB 51 including but not limited to the following:

1. **Environmental monitoring, equipment procedure and process, metrological traceability, validation processes, technical procedures and control of data, measurement uncertainty, quality control procedure and process**
* Environmental monitoring processes and procedures have been reviewed and amended/revised as appropriate
* Equipment procedures and system checks have been reviewed and amended/revised as appropriate
* Metrological traceability provides the necessary traceability to S.I. units
* Analytical technical procedures and associated templates relating to analysis of toxicology samples have been reviewed and amended/revised as appropriate
* Procedures and processes associated with the review of analytical performance and the validity of results have been reviewed and amended / revised as required.
* Quality control procedures and processes associated with verification of on-going performance of toxicology methodologies, have been reviewed and amended / revised where appropriate.
* Measurement uncertainty processes and procedures have been reviewed and amended / revised where appropriate.

(ii) **Contract review**

* Contracts and/or Service Level Agreements have been reviewed and amended as appropriate to ensure that all expectations of this document have been addressed.
* Long-term/on-going contracts have been revisited with the client/analytical laboratory and (where required) updates have been made to reference LAB 51 expectations.

(iii) **Training and competence**

* Further training of analytical staff has been completed to ensure compliance with LAB 51 (where applicable).

(iv) **Reporting**

* Standard report/certificate templates have been reviewed and amended as appropriate to ensure that the expectations of LAB 51 are met in full.

In making this declaration I am confirming that any changes required by the publication of LAB 51 have been incorporated into the management system of this organisation. I also confirm that any resultant changes to our policies and procedures have been fully implemented and that this organisation and its staff are committed to maintaining these expectations on a continual basis.

Furthermore, if this declaration is discovered by UKAS to be false, for example, during assessments at a later date, then I understand that UKAS will review the accreditation status of this organisation and may recommend an immediate suspension of this activity, the re-instatement of which will require a further chargeable assessment. I also understand that this could affect our status as an accredited laboratory as a whole.

Signed on behalf of the laboratory by top management taking responsibility for the testing, and associated, activities of this laboratory (please return all pages stating your laboratory schedule number and name on the top of each page):

|  |  |
| --- | --- |
| Signature: |   |
| Date: | Select date |
| Printed name: |   |
| Company position: |   |

Laboratory Name:

Accreditation (Legacy/Schedule) No.: UKAS Customer (Contract) No.: