

**ACCREDITATION**

**QUESTIONNAIRE**

**Medical Laboratory Accreditation Programme**

**General Information**

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| 1.1 Name of accredited or applicant Organisation.       1.2 Please provide a brief summary of the primary function of the organisation and/or any changes in function during the past four years.          1.3 Briefing informationPlease check that the following documentation has been provided.[ ]  Completed Information Schedules one to five for each discipline.[ ]  Copy of the current Quality Manual.[ ]  Copies of the contents pages of all manuals for each discipline. [ ]  Copies of at least two typical documented test methods for each testing discipline.[ ]  Copies of at least two test reports for each testing discipline (patient identity removed).Examples of amended reports and reports with interpretive comments/interpretation, must also be included.[ ]  Few examples of the external proficiency programme reports for each discipline.(Such as latest round/end of cycle) [ ]  A copy of your reviewed (and amended as necessary) proficiency participation plan provided with this questionnaire. Note: This document is not available for new applicants. ***Please note that in order to adequately brief the assessment team, it is necessary for IANZ to reproduce some or all of the material supplied.*** 1.4 Please identify the person who completed this submission.Name:      Title:      Signature:       Date:      1.5 Please forward this submission and the documents listed above to:

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| **Return Address** |
|  | **IANZ**  |
| **Post** | Private Bag 28908RemueraAuckland 1541 |
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|  |
| **Physical** | Level 1, 626 Great South RoadEllerslieAuckland 1051 |
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|  |
| **Telephone** | (09) 525 6655 |
| **Facsimile** | (09) 525 2266 |
| **Email** | info@ianz.govt.nz  |

Alternatively, please liaise with the IANZ Coordination Officer to load information via the IANZ Portal. |

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| **INFORMATION SCHEDULE ONE - Tests offered**Please provide details of your current testing as detailed below. Please also review your current Schedule to Certificate of Accreditation deleting by annotation any types of examination/technical field no longer performed. |
| **LABORATORY:**  | **DEPARTMENT:**  |
| **Test Type** | **Method Used** | **Volume/Month** | **External QC** |
|       |       |       |       |

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| **INFORMATION SCHEDULE TWO – New tests for which accreditation is sought**Please detail below any requested additions/changes. Please annotate new types of examination/technical field on your current Schedule to Certificate of Accreditation (based on the Medical Testing Programme – Classes of Tests) |
| **LABORATORY:** | **DEPARTMENT:** |
| **Test Type** | **Method Used** | **Volume/Month** | **External QC** |
|       |       |       |       |

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| **INFORMATION SCHEDULE THREE - Tests referred** |
| **LABORATORY:**  | **DEPARTMENT:**  |
| **Test Type** | **Reference Laboratory Used** | **Volume/Month** |
|       |       |       |

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| **INFORMATION SCHEDULE FOUR – Key personnel** |
| **LABORATORY:**       | **DEPARTMENT:**  |
| **Name** | **Job Title** | **Summary of Qualifications and Experience** |
|       |       |       |

**Note:** Please identify the person or persons accepting responsibility for technical, clinical and quality matters

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| **INFORMATION SCHEDULE FIVE - Key items of equipment** |
| **LABORATORY:**  | **DEPARTMENT:**  |
| **Item** | **Summary of Calibration, QC and Servicing (including frequency)** |
|       |       |