

**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 information  Please 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:   |  |  | | --- | --- | | **Return Address** | | |  | **IANZ** | | **Post** | Private Bag 28908  Remuera  Auckland 1541 | |  | |  | | **Physical** | Level 1, 626 Great South Road  Ellerslie  Auckland 1051 | |  | |  | | **Telephone** | (09) 525 6655 | | **Facsimile** | (09) 525 2266 | | **Email** | [info@ianz.govt.nz](mailto: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** | |
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**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)** | |
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