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| **APPLICATION FOR ACCREDITATION**  **Medical Laboratory Accreditation Programme** | C:\Users\bra\Documents\IANZ Logo plain (cropped).jpg |

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| **1 Applicant Organisation**  Name/Division/Section, etc. |  |
| Organisation/Division name EXACTLY as it is to appear on your Certificate of Accreditation. (Upper/lower case, NZ or New Zealand, Ltd or Limited, etc.). If your organisation name is "John Smith & Associates" or similar, please underline or highlight the name against which you wish to be alphabetically indexed (e.g. John Smith or John Smith). | |
| **2 Postal Address**  Organisation/Division/Section seeking accreditation. |  |
| **3 Physical Location**  Street address of primary location of the organisation to be assessed e.g. head office. |  |
| **3a Physical Location**  Street address(es) of additional sites (if more than the one noted above) to be covered by the scope of accreditation.  *(These could be listed separately and provided as an attachment.)* |  |
| **4 Telephone**  Organisation seeking accreditation. | Telephone: |
| **5 Website address (URL)** |  |
| **6 Applicant Ownership Details** |  |
| **7 New Zealand Business Number (NZBN)** |  |
| **8 Legal Status**  (e.g. limited liability company, partnership, local authority, etc.) |  |
| **9 Email invoice address**  Email address to which invoices are to be sent |  |
| **10 Chief Executive Officer**  Name and title of the Chief Executive Officer of the organisation seeking accreditation. | Name  Title |
| **11 Authorised Representative**  Name and title of the person who will be IANZ's primary point of contact for all matters relating to this application. If address, phone and fax details are not as above then please provide them as an attachment. | Name  Title  Email  DDI  Mobile |
| **12 On-site Contact Person(s)**  Include contact persons for each additional site (as an attachment) as appropriate. | Name  Title  Email |
| **13 Accreditation Programme/Field(s) of Technology**  Summary of proposed scope of work for which accreditation is sought. |  |
| **14 Regulatory or Customer Requirements**  Are you seeking accreditation to meet the requirements of particular customers and/or regulatory bodies? |  |
| **15 Quality System Documentation**  Have you completed work on your organisation/division's quality system documentation?  If not, please estimate completion date. |  |
| **16 Timescale of Application**  Please indicate the date by which you expect to be ready for assessment. |  |
| **17 Assessment Preparation**  Please list any external consultants/trainers who have assisted with your assessment preparations. |  |
| **18 Application Fee**  An application fee is payable on submission of this application. If your organisation is already a client of IANZ at the address specified in 3 above, the fee is waived. | See Current [Fee Schedule](https://assets.website-files.com/5e447d8550a99c8326ee5ae6/5ef296c107ef8c9f8337680b_AS22%20Fee%20Schedule%20-%20Medical%20Testing%20Laboratory.pdf) for the relevant Programme  *You may include a cheque (payable to IANZ) with this application, or an invoice will be sent to you on receipt of this application (which will include bank account details for electronic payment).* |
| **19 Authorisation of Application**  We undertake to allow IANZ reasonable access to our premises, operations, facilities and procedures for the purpose of assessment and subsequent review and reassessment activity. We undertake to pay all reasonable fees and expenses associated with these assessments.  We agree to comply with the requirements for accreditation set out in the IANZ publication “*Procedures and Conditions for Accreditation*” and to supply any information needed for the assessment. | Signature  Name  Date  *(This authorisation shall be made by appropriate senior management)* |
| **20 Notes for Applicants**  **Criteria and Rules**  Before lodging a formal Application for Accreditation, organisations should ensure that their systems, procedures and facilities comply with all accreditation criteria and conditions for accreditation. They should also ensure that they are familiar with accreditation criteria as set out in the publication, *Procedures and Conditions for Accreditation*.  IANZ staff members are available to visit organisations to provide guidance on the application of the accreditation criteria and requirements. Such advisory visits attract the normal hourly IANZ professional fees plus expenses.  **Application Fees**  Fees are revised from time to time by the Accreditation Council. Please consult the current fee schedule (available at [www.ianz.govt.nz](http://www.ianz.govt.nz) ). Fees quoted exclude GST.  **Accreditation Questionnaire**  An Application for Accreditation should be accompanied by a completed relevant Medical Testing Accreditation Questionnaire and the supporting information requested therin. This information is used in the planning of your organisation's assessment and in the briefing of the assessment team.  **Authorised Representative**  Each applicant organisation needs to appoint a person to be IANZ's point of contact for all matters relating to its application. This person is referred to by IANZ as the "Authorised Representative". The Authorised Representative needs to be a senior staff member who has sufficient authority to ensure that the applicant organisation is prepared for assessment and that, following accreditation, the organisation continues to comply with the accreditation criteria.  **Please return this form and associated documentation to:**  International Accreditation New Zealand  **Mail:** Private Bag 28908, Remuera, Auckland 1541  **Physical:** Building 7, Central Park, 660-670 Great South Road, Ellerslie, Auckland 1051  **Telephone:** (09) 525 6655  **Email:** [info@ianz.govt.nz](mailto:info@ianz.govt.nz)  **For New Clients**  New clients will need to complete an [Application for Credit Terms](https://go.promapp.com/ianz/view/Documents/View/Open?displayType=document&documentId=fe152383-b85f-4a61-9f52-21333897c0eb) form, also available from our website. | |