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**International Accreditation Service, Inc.**  
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# Get A Quote Medical Laboratory Accreditation

Legal Name of Laboratory \_\_\_\_\_

Laboratory Location Address \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City/State/Province* \_\_\_\_\_ *Zip/Postal Code* \_\_\_\_\_ *Country (if other than U.S.A.)*

Technical Contact First and Last Name \_\_\_\_\_

Email Address \_\_\_\_\_ Company Website \_\_\_\_\_

Phone Number \_\_\_\_\_

**Identify Areas of Medical Testing**

- Clinical Biochemistry
- Toxicology
- Clinical Microbiology
- Clinical Pathology
- Genetics;  
Sub-discipline
- Cytogenetics;
- Hematology
- Histopathology:  
Sub-discipline
- Cytopathology (Cytology);
- Hospital Autopsy;
- Immunology
- Medical Imaging
- Molecular Pathology
- Nuclear Medicine
- Point-of-care Testing (POCT)
- Pharmacology
- Other

**Do you wish to include in your Accredited Scope**

- Satellite Lab
- Point of Care
- Mobile Unit

**Proposed Scope of Accreditation Table (Attach additional boxes or sheets as needed.)**

New applicants: List the proposed scope of accreditation being sought in the table below. Items in red are examples only. List specific disciplines and test methods or assays: e.g., immunoassay test, Rheumatoid Factor, hormone levels (like insulin, TSH, estrogen), and cancer markers (like PSA, CA-125, and AFP) (Attach additional sheets as needed.)

**Discipline** (e.g. Genetics) \_\_\_\_\_ **Sub-Discipline** \_\_\_\_\_

Materials/Product Tested / Sample type	Specific Examination/ Property Measured (Determinant)	Test Method /Procedure / Technique / Equipment
Examples only: Whole blood / Serum (EDTA, Clot accelerator)	Examples only: DNA Profiling of HLA - A region	Examples only: Molecular/Sequence Specific Primers (SSP)



**Personnel (include full time/contract/part-time/other):**

Laboratory Section name (e.g. Microbiology Lab, Genetics Lab)	Number of Staff	Location of laboratory
Type of Laboratory (e.g. Satellite Lab, Point of Care, Mobile unit)	Number of Staff	Location of laboratory

**Supplemental Information**

	Program Information	Please tick if information is submitted
6.1	Provide the month and year that your organization began offering medical testing services.	
6.2	List existing certification (e.g., ISO 9001etc) or accreditations (e.g., ISO/IEC 17025 or Forensic etc.) held by your company [please attach the certificate(s) of certification or accreditation].	List
6.3	List any additional standards and/or regulations that must be met in the health industry that accreditation from IAS will support.	List
6.4	List/Identify the names of Proficiency Testing providers or inter-laboratory comparisons that are currently being undertaken.	List