***ANNEXURE 08***

**Details of Primary Sample Collection Facilities**

Please provide the details of all the Primary Sample Collection Facilities applicable for the scope of accreditation e.g. laboratory’s own collection facilities, Franchise facilities, etc.

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| --- | --- | --- | --- | --- | --- |
| **Sr No** | **Name of the Sample Collection facility** | **Address**  | **Name of the contact person** | **Contact number** | **Matrix of the sample (e.g. Whole blood, Urine, Stool)** |
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**Note:** changes to the above information shall be informed to SLAB as early as possible including new sample collection facilities.