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***ANNEXURE 01***

 ***Scope of Accreditation***

 (Medical/Clinical Testing Laboratories)

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| **Field of testing\*:**  | **Facility (Permanent / Site/ Mobile) -**  |
| Sl | **Test** | **Matrix of the sample (e.g. Whole blood, Serum, Plasma, Urine, Stool, Tissue)** | **Test Method** \*\* |  **Test Instrument** | **Linearity range**  | **MU****(% CV / Measurement Uncertainty expressed as (±) of Observed Value\*\***\***)** |
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| \* Scope of accreditation shall be filled in for each field of testing, separately \*\*When referring to publications like ICSH, ISH, IFCC, IUMS, WHO, CLSI etc. kindly mention the clause / chapter / page number, as appropriate. |
| Laboratories performing site testing shall clearly identify the Specific tests / examinations performed at site.\*\*\*The value at which uncertainty of measurement estimated shall also be specified. The laboratories are required to maintain records of estimation of % CV / Measurement Uncertainty (MU) |
| Signature & Name of Lab Representative | Signature & Name of Technical Assessor(s)/Technical Expert (s)/Assessor (s) | Signature & Name of Team Leader |