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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 | |