

<input type="checkbox"/> Accreditation (IA) <input type="checkbox"/> Reaccreditation (RA) <input type="checkbox"/> Special Assessment (SA)	
Type of SA: <input type="checkbox"/> Addition of Signatory (ies) <input type="checkbox"/> Extension of Scope (s) (includes change/additional method) <input type="checkbox"/> Change of Accommodation/Location <input type="checkbox"/> Reactivation of accreditation	
1. Applicant (Exact name of the CAB as it is to appear on the Certificate of Accreditation)	
2. Address (Physical Location of Laboratory/Facility)	(House/ Building No./ Building Name) (Street Name) (Barangay) (City/ Municipality) (Province) (Region) (Zip Code)
3. Contacts	Telephone: Mobile Number: Facsimile: E-mail:
4. Business Information	Form of Organization: (e.g. Individual, Private, Corporate, etc.) Tax Identification No.: Asset Size (PhP): <input type="checkbox"/> Micro (up to P3M) <input type="checkbox"/> Small (above P3M to P15M) <input type="checkbox"/> Medium (above P15M to P100M) <input type="checkbox"/> Large (above P100M) Industry Classification: <input type="checkbox"/> Human Health and social activities <input type="checkbox"/> Professional, scientific and technical activities Product Line/Services: Total no. of Employees: Social Media/ Website: Operation Time: (Please indicate if there is safety orientation to undertake)
5. Authorized Representative (Name and title of the person who will be PAB 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: (Prefix) (First) (Middle) (Last) (Suffix) Title/ Position: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Social Classification: <input type="checkbox"/> Abled <input type="checkbox"/> Youth <input type="checkbox"/> Out- of School Youth <input type="checkbox"/> PWD <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Indigenous Persons
6. Accreditation Scheme <input type="checkbox"/> ISO/IEC 17025 (Testing) <input type="checkbox"/> <i>Biological testing</i> <input type="checkbox"/> <i>Chemical testing</i> <input type="checkbox"/> <i>Electrical testing</i> <input type="checkbox"/> <i>Mechanical testing</i> <input type="checkbox"/> <i>Others</i> <input type="checkbox"/> ISO/IEC 17025 (Calibration) <input type="checkbox"/> ISO 15189 (Medical) <input type="checkbox"/> ISO/IEC 17020 (Inspection) <input type="checkbox"/> ISO/IEC 17043 (Proficiency Testing)	
7. Where did you learn about us?	<input type="checkbox"/> PAB Promotional Activities <input type="checkbox"/> Customer Requirement <input type="checkbox"/> Regulatory Requirement <input type="checkbox"/> Others: _____
8. Assessment Preparation (Please list any external Consultants/Trainers who have assisted with your assessment preparations.)	
9. Authorization of Application (This authorization shall be made by appropriate senior management)	
We undertake to allow PAB assessors access to our premises, operations, facilities and procedures for the purpose of assessment and subsequent surveillance 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 and to provide any information needed for the assessment of the laboratory.	
_____ Signature over Printed Name/Date (Authorized Representative)	

SCOPE OF ACCREDITATION

Notes:

A. Check LA/SF01 for additional application requirements

B. For Scope of Accreditation:

- Use Annex A for ISO/IEC 17025 (Testing)
- Use Annex B for ISO/IEC 17025 (Calibration)
- Use Annex C for ISO/IEC 17020 (Inspection)
- Use Annex D for ISO 15189 (Medical)
- Use Annex E for ISO/IEC 17043 (Proficiency Testing)

Annex A: ISO/IEC 17025 (Testing)

Note:

1. Please indicate if more than one site is involved in performing these scopes.
2. For proficiency testing, please indicate the provider and the date of participation.
3. Please refer to LA/GD08 for classification of scopes
4. Use separate sheet for each field of application and additional sheet as necessary

CLASSIFICATION OF SCOPES	SPECIFIC TESTS OR MEASUREMENTS	TEST METHOD	TESTING FREQUENCY PER MONTH	PROFICIENCY TESTING PARTICIPATED
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FIELD:

(e.g. chemical, biological, mechanical, electrical, forensic)

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Annex B: ISO/IEC 17025 (Calibration)
Note:

1. Please indicate if more than one site is involved in performing these scope
2. Laboratories need to indicate and submit the budget computation for claimed uncertainties of measurement and level of confidence. The numerical value of the measurement uncertainty shall be given to, at most, two significant figures.
3. For proficiency testing including the measurement audit, please indicate the provider and the date of participation.
4. Please refer to LA/GD07 for classification of scopes
5. Use additional sheet as necessary

CLASSIFICATION OF SCOPES	MEASURED QUANTITIES/ INSTRUMENT	RANGE TO BE CALIBRATED	CALIBRATION MEASUREMENT CAPABILITY	CALIBRATION METHODS USED	CALIBRATION FREQUENCY PER MONTH	PROFICIENCY TESTING PARTICIPATED

Annex C: ISO/IEC 17020 (Inspection)*Note:*

1. *Please indicate if more than one site is involved in performing these scope*
2. *Use additional sheet as necessary*

ITEMS/MATERIALS OR SYSTEMS INSPECTED	SPECIFIC TYPES OF INSPECTION	INSPECTION METHOD	INSPECTION FREQUENCY PER MONTH

Annex D: ISO 15189 (Medical)

Note:

1. Please indicate if more than one site is involved in performing these scopes.
2. For proficiency testing, please indicate the provider and the date of participation.
3. Please refer to LA/GD06 for classification of scopes
4. Use separate sheet for each field of application and additional sheet as necessary

CLASSIFICATION OF SCOPES	SPECIFIC TESTS OR MEASUREMENTS	TEST METHOD	TESTING FREQUENCY PER MONTH	PROFICIENCY TESTING PARTICIPATED
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FIELD:

(e.g. chemistry, microbiology, immunohematology, immunology, serology, etc.)

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Remarks: _____

Annex E: ISO/IEC 17043 (Proficiency Testing)*Note:*

1. *Please indicate if more than one site is involved in performing these scope*
2. *Use additional sheet as necessary*

PROGRAM NAME	MEASURED ANALYTES/ TYPE OF PT ITEM	FREQUENCY	PROCEDURE FOR ESTABLISHING ASSIGNED VALUE

STAFF INVOLVED IN THE ORGANIZATION

Please indicate the number of staffs involved in the operations where accreditation is being sought:

	No. of Total staff	No. of PWD	Indigenous Person	No. of Senior Citizen	No. of Male	No. of Female
Management:						
Administrative:						
Technical:						
Support Staff:						

APPLICANT SIGNATORY/IES

List all applicant signatory (ies) for which accreditation is sought. Kindly attach copy of updated curriculum vitae indicating the relevant work history and summary of training relevant to the scope being applied.

<p>Note:</p> <ol style="list-style-type: none"> 1. Applicant Signatory must have appropriate personal experience in the procedures for which approval is sought. They must be aware of any limitations or difficulties with regard to these procedures and must understand the scientific basis of the procedures. Applicant Signatory also needs to be completely familiar with the laboratory management system. 2. Applicant Signatories should be technical personnel closely involved in the day to day work of the laboratory/inspection body. 3. Please LAGD 03 Guidelines for Laboratory Personnel and Approved Signatories for reference. 4. Use additional sheet as necessary. 			
NAME	ACCREDITATION SCHEME	CLASSIFICATION OF SCOPE FOR WHICH APPROVAL IS SOUGHT	SPECIFIC TEST OR MEASUREMENTS/ TYPE OF INSPECTION
For example:			
1. Juan A. Dela Cruz	ISO/IEC 17025 (Chemical)	Water (Wastewater)	pH, O/G, TSS, TDS
2. Mary Jane E. Santos	ISO/IEC 17025 (Calibration)	Electrical Instrument Calibrators	D.C. Voltage, A.C. Voltage, Resistance, Capacitance

EQUIPMENT USED

Is Conformity Assessment Body conducting in-house calibration?

If yes, submit list major equipment being calibrated by CAB, relating to the tests, inspection, calibrations or measurements for which accreditation is held or sought.

Yes No

Criteria and Rules

Before filing a formal application for accreditation, the conformity assessment body should ensure that its systems, procedures and facilities comply with the PAB requirements for accreditation. The conformity assessment body should also ensure that it is already familiar with the requirements, rules and procedures of the PAB. PAB staffs are available to provide guidance on the application.

Application Fees

Fees are revised from time to time. Please refer to the current PAB schedule of fees for laboratory and inspection body accreditation.

Authorized Representative

Each applicant laboratory/inspection body must appoint an “Authorized Representative”, a person who will be a PAB point of contact for all matters relating to its application. The Authorized Representative must be a senior staff member who has sufficient authority to ensure that the applicant laboratory/inspection body is properly prepared for assessment and that, following accreditation, the conformity assessment body continues to comply with the accreditation criteria at all times.

All application documents shall be coursed through email at pab-lad@dti.gov.ph or visit us at:

PHILIPPINE ACCREDITATION BUREAU
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