# General information

This form has to be completed for an **application to grant, extend or renew an accreditation**. The application process is described in the procedure *P001 – Processing of applications regarding accreditation*.

**To grant or renew an accreditation, please attach form *F001D – Obligations for conformity assessment bodies* completed and signed to this application form.**

OLAS respects the confidentiality of the information provided in the questionnaire and attached documents.

The documents forming part of an accreditation file, excluding the certificates of accreditation and the accreditation scopes, cannot be transferred to third parties by OLAS without prior written agreement of the body, except within the framework of a legal enquiry or a procedure of mutual recognition. The OLAS does not advertise the existence of an accreditation application in any way.

**Please do not fill in the fields that have not changed since the last application form.**

In addition, the body is responsible to inform OLAS of any changes to the information provided in this form. All information given will be made available to all OLAS assessors for each assessment, as well as to the accreditation Committee assessing the accreditation file.

All relevant documents to the operation of OLAS are available on the website [portail-qualite.lu](https://www.portail-qualite.lu/).

This duly completed form must be deposited or sent by post or e-mail to the following address:

**Addrese: ILNAS**

**Office Luxembourgeois d'Accréditation et de Surveillance**

**South Lane Tower I**

**1, avenue du Swing**

**L-4367 Belvaux**

**Tél.: (+352) 2477 4360**

**Fax: (+352) 2479 4360**

**E-Mail:** [**olas@ilnas.etat.lu**](mailto:olas@ilnas.etat.lu)

**A. General information**

**A.1. Identification of the company or the institution under whose control the applicant laboratory falls**

name :

street and no. :

town :

country :

postcode :

postal address :

name of legal representative:       position:

company name :

legal status :

trade register no. :

telephone :

fax :

website :

e-mail :

**A.2. Principal activities of the company or the institution**

**A.3. Is the company or institution part of a group?**

if so, which:

**A.4. Does the company or the institution have any subsidiaries?**

If so, identify the main ones:

**B. Information about the applicant laboratory**

**B.1. Identification of the applicant laboratory if different from the company or the institution**

name :

street and no. :

town :

country :

postcode :

postal address :

telephone :

fax :

website :

e-mail :

**B.2. Personnel**

applicant laboratory’s permanent staff or full-time equivalents:

applicant laboratory’s technical staff or full-time equivalents:

**B.3. Reference language**

Reference language:

**B.4. Principal activities of the applicant laboratory if different from the company or the institution**

**B.5. This application concerns**

standard EN ISO/IEC 17025 for a testing laboratory

standard EN ISO/IEC 17025 for a calibration laboratory

standard ISO 15189 for a medical biology analysis laboratory

For:

an initial accreditation

a renewal of the accreditation

an extension of the scope of the accreditation

a new version of the accreditation standard

**B.6. Location where operations such as calibration, verification, testing or analysis are carried out**[[1]](#footnote-1)

within the laboratory or laboratories

on site (e.g. at the customer’s premises)

in mobile facilities Please indicate the facilities.

**B.7 Sampling locations**

not applicable (the laboratory does not make any sampling by itself)

at the laboratory / laboratories

on site (e.g. at the customer’s premises)

at fixed facilities owned by the laboratory (e.g. blood sampling centers):  
 Please indicate the addresses.

other sites (Please indicate):

**B.8. Virtual site(s) (if applicable)**

Address:

Please indicate the activities at the sites:

**B.9. Connection of standards, reference materials and equipment**

☐ all calibrations are performed by external service providers

☐ the following calibrations are performed in-house: Please specify the quantities (ex: temperature, mass,...)

Note: **Calibration** should not be confused with **adjustment of a measuring system**, often mistakenly called “self-calibration”, nor with **verification** of calibration.

**B.10. Laboratory manager**[[2]](#footnote-2)

full name :

tel. :

e-mail :

**B.11. Contact person for OLAS**[[3]](#footnote-3)

full name :

position :

tel. :

fax :

e-mail :

**B.12. List of accreditations or approvals issued by an authority, obtained or envisioned, at national or international level**

(Please indicate the body that issued the accreditation or approval, the domain of validity, the dates obtained and, when applicable, the expiry date as well as the date of the next surveillance.)

**C. Documents to be attached to the application:**

* 1 copy of the quality manual
* evidence of competence concerning the requested technical domain
* a copy of the accreditation certificate and the accreditation scope if accreditation is issued by a body other than OLAS
* the completed form *F023 – inter laboratories comparison program.*

|  |  |  |  |
| --- | --- | --- | --- |
| Done at: |  | By: |  |
| On: |  |  |  |
|  |  |  | Signature[[4]](#footnote-4) |

**D. Accreditation scopes**

Please remove the scopes hereafter that do not concern you from the document.

**Appendix 1: Accreditation scope for testing laboratories**

Please prepare **a draft accreditation scope** based on the following template for accreditation scopes.

When requesting an extension of your accreditation scope, please include new domains only.

The **general and technical domains** are defined in the appendix *A005 – Accreditation domains covered by OLAS*.

The policy and the procedure for the management of fixed and flexible scopes are defined in the appendix A012.

*Template of accreditation scope for a testing and a medical laboratory:*

|  |  |  |  |
| --- | --- | --- | --- |
| Description: OLAS_MAIN_Logo | | | |
| **Laboratory:** |  | **Standard:** | ISO/IEC 17025 / ISO 15189 |
| **Contact:** |  | **Accreditation No:** |  |
| **Street:** |  | **Version:** |  |
| **Town:** |  |  | |
| **Country:** |  |
| **Telephone:** |  |
| **Fax:** |  |
| **E-mail:** |  |

|  |
| --- |
| **Accreditation scope for a testing / medical laboratory** |

|  |  |  |  |
| --- | --- | --- | --- |
| **General domain:** (Please fill in one table for each general domain) | | | |
| **Technical domains:** | | | |
| **Objects submitted to testing or analyse**  (ex. products, materials, templates, matrix or equipment) | **Characteristics or measured properties** | **Measurement principles and equipment**  (ex. manual or automatic measurement) | **Testing methods**  (ex. published, adapted, internally validated) |
|  |  |  |  |

**Scope validation:**

|  |  |  |  |
| --- | --- | --- | --- |
| Done at: |  | By: |  |
| On: |  |  |  |
|  |  |  | Signature[[5]](#footnote-5) |

**Appendix 2: Accreditation scope for calibration laboratories**

Please prepare **a draft accreditation scope** on the basis of the attached example of accreditation scope. When requesting an extension of your accreditation scope, please include new domains only.

The **general and technical domains** are defined in the appendix *A005 – Accreditation domains covered by OLAS*.

*Template of accreditation scope for a calibration laboratory:*

|  |  |  |  |
| --- | --- | --- | --- |
| Description: OLAS_MAIN_Logo | | | |
| **Laboratory:** |  | **Standard:** | ISO/IEC 17025 |
| **Contact:** |  | **Accreditation No:** |  |
| **Street:** |  | **Version:** |  |
| **Town:** |  |  | |
| **Country:** |  |
| **Telephone:** |  |
| **Fax:** |  |
| **E-mail:** |  |

|  |
| --- |
| **Accreditation scope for a calibration laboratory** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General domain:** (Please fill in one table for each general domain) | | | | |
| **Technical domains:** | | | | |
| **Objects submitted to calibration** | **Characteristics or measured properties** | **Calibration methods**  (ex. published, adapted, internally validated) | **Measuring range** | **Calibration and Measurement Capability (CMC)**  Enlarged uncertainty (k=2) |
|  |  |  |  |  |

**Scope validation:**

|  |  |  |  |
| --- | --- | --- | --- |
| Done at: |  | By: |  |
| On: |  |  |  |
|  |  |  | Signature[[6]](#footnote-6) |

1. calibration, verification, test or analysis operations within the framework of accreditation [↑](#footnote-ref-1)
2. person who will report to OLAS in relation to drawing up and circulating documents of a contractual nature (declaration, scope of the application for accreditation, etc.) [↑](#footnote-ref-2)
3. person who will report to OLAS in relation to scheduling audits, exchanges of information and documents [↑](#footnote-ref-3)
4. signatory must be authorized to legally bind the organization [↑](#footnote-ref-4)
5. signatory must be authorized to legally bind the organization [↑](#footnote-ref-5)
6. signatory must be authorized to legally bind the organization [↑](#footnote-ref-6)