# 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:

**Address: 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)

# General information

## Identification of the company or the institution which controls the applicant laboratory

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| N° and street |  | | |
| City |  | | |
| Country |  | | |
| Postal code |  | | |
| Postal address |  | | |
| Name of legal representative |  | Position |  |
| Company name |  | | |
| Legal status |  | | |
| Trade register N° |  | | |
| Telephone |  | | |
| Fax |  | | |
| Website |  | | |
| E-Mail |  | | |

## Principal activities of the company or the institution

|  |
| --- |
|  |

## Is the company or institution part of a group?

|  |
| --- |
| If so, which one: |
|  |

## Does the company or the institution have any subsidiaries?

|  |
| --- |
| If so, which ones: |
|  |

# Information about the applicant laboratory

## Identification of the applicant laboratory if different from the company or the institution

|  |  |
| --- | --- |
| Name |  |
| N° and street |  |
| City |  |
| Country |  |
| Postal code |  |
| Postal address |  |
| Telephone |  |
| Fax |  |
| Website |  |
| E-Mail |  |

## Personnel

|  |  |
| --- | --- |
| Applying bodies permanent staff or full-time equivalents |  |
| Applying bodies technical staff or full-time equivalents |  |

## Reference language

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Your reference languages: |  | French |  | German |  | English |

## Principal activities of the applicant laboratory if different from the company or the institution

|  |
| --- |
|  |

## This application concerns

|  |  |
| --- | --- |
|  | standard EN ISO/IEC 17025 testing laboratory |
|  | standard EN ISO/IEC 17025 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 standard |
|  | a transfer of the accreditation to a new legal entity |
|  | a flexibility request |

## Request for flexibility of the accreditation’s scope

In case of a request for flexibility, please specify the range and the justification of the request.

### Range of flexibility requested

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **General field** | **Technical field** | **Flexibility requested** | | | |
| Objects submitted for testing | Characteristics or properties measured | Test methods | Performance  method |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

### Justification of the request by the laboratory

|  |
| --- |
| Click or tap here to enter text. |

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

|  |  |
| --- | --- |
|  | My body conducts operations on a territory other than that of the Grand-Duchy of Luxembourg (if so, please join the form F001E to your application) |
|  | within the facilities of the laboratory |
|  | on site (e.g. at the customer’s premises) |
|  | in mobile installations, please specify: |
|  |  |

## Sampling locations

|  |  |
| --- | --- |
|  | My body conducts sampling activities on a territory other than that of the Grand-Duchy of Luxembourg (if so, please join the form F001E to your application) |
|  | not applicable |
|  | within the facilities of the laboratory |
|  | on site (e.g. at the customer’s premises) |
|  | at fixed facilities owned by the laboratory (e.g. blood sampling centres), please specify: |
|  |  |
|  | other types of sites, please specify: |
|  |  |

## Locations of activities in relation with conformity assessment activities (including virtual sites)

For more information, please refer to the annex *A013 - Accreditation of multi-site organizations*. If any site it located in another country, the annex *A014 - Cross-frontier Accreditation is applicable*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your body conducts conformity assessment activities in more than one site: |  | YES |  | NO |
| Your body conducts auxiliary activities in more than one site: |  | YES |  | NO |
| If yes for any of the two cases above, please fill in form F001E and enclose it to your application. | | | | |

## Metrological traceability of standards, reference materials and equipment

|  |  |
| --- | --- |
|  | Not applicable (no calibrations needed) |
|  | All calibrations are done by external providers |
|  | The following calibrations are performed internally: |
|  |  |

## Laboratory manager[[2]](#footnote-2)

|  |  |
| --- | --- |
| Full name |  |
| Position |  |
| Telephone |  |
| E-Mail |  |

## Contact person for OLAS[[3]](#footnote-3)

|  |  |
| --- | --- |
| Full name |  |
| Position |  |
| Telephone |  |
| E-Mail |  |

## List of accreditations or agreements issued by another authority, obtained or applied for, at national or international level

|  |
| --- |
| Please indicate the body that issued the accreditation or agreement, the domain of validity, the dates it was obtained and, when applicable, the expiry date as well as the date of the next surveillance. |
|  |

# 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) |

# Accreditation scopes

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

## 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) |

## 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 in contact with 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)