

	Philippine Accreditation Bureau Laboratory Accreditation Form Application Requirements	Document ID	LA/SF01
		Issue Number	01
		Revision Number	00
		Effectivity Date	01 September 2018
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Application No.	
Name of Laboratory/ Inspection Body	

Please mark a check (√) if required document is submitted, otherwise, mark a cross (x) for the documents to be submitted and NA if not applicable for the applicant laboratory.

Initial Assessment/Reassessment	Remarks
Note: 1. For Reassessment, only new scope/sub-scope/method and/or new signatory/ies will be applied using LA/SF02. 2. If there are no new scope/sub-scope/method and/or signatories to be applied, only a Letter of Intention to Renew together with items 3-8 will be submitted.	
1. Application for Accreditation (LA/SF02)	
2. Application for Signatory Approval with updated summary of training (LA/SF03) <i>Note: One application per applicant signatory</i>	
3. Acceptance of Accreditation Conditions (LA/SF04)	
4. Assessment Checklist (whichever is applicable) <ul style="list-style-type: none"> • For ISO/IEC 17025 (LA/SF08) • For ISO/IEC 17020 (LA/SF09) • For ISO 15189 (LA/SF10) 	
5. Copy of System Documentation (e.g. Quality Manual, Procedures Manual) and In-House Methods (<i>if applicable</i>)	
6. Internal Audit Report	
7. Management Review Report	
8. Uncertainty Budget for Calibration Laboratory	
Special Assessment	Remarks
For Additional Signatory	
1. Application for Accreditation (LA/SF02)	
2. Application for Signatory Approval with updated summary of training (LA/SF03) <i>Note: One application per applicant signatory</i>	
For Additional Scope/sub-scope/change of method	
1. Application for Accreditation (LA/SF02)	
2. Application for Signatory Approval with updated summary of training (LA/SF03) <i>Note: One application per applicant signatory</i>	
For Change in Location/Accommodation	
1. Application for Accreditation (LA/SF02)	
2. New lay-out/floor plan	
3. List of equipment affected by the change in location/accommodation	
To be filled-out by PAB Accreditation Officer	
_____ (Signature over Printed Name) Date: _____	