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| --- | --- |
| Date(s) of Assessment |  |
| Accreditation cycle of Laboratory (Year) |  |
| Assessor/Technical Expert & MS |  |
| Laboratory |  | Area / Field of operation |  |
| Laboratory Reference number |  |
| LaboratoryRepresentative |  |
|  |
| **Clause** | **REQUIREMENTS & COMMENTS** Compliance = C, Non-compliance = NC, Not applicable = NA Comment below on adequacy of how requirements have been addressed, documented and/or implemented | CNC NA |
| **TECHNICAL REQUIREMENTS** |  |
| External Quality Assurance Scheme (EQAS):Has the laboratory participated in External Quality Assurance Scheme (EQAS) or Inter Laboratory Comparisons (ILC)?If the laboratory has not participated in EQAS activities either because EQAS is either not practical or because none exist, has the laboratory taken appropriate steps to assure the Quality of Test and Calibration Results?*(NB: The laboratory shall provide valid verifiable reasons of not participating in EQAS activities)* |  |
|  |
| Provide detail of EQAS activity or where appropriate alternative methods (e.g. Inter/Intra laboratory comparisons; Use of reference materials) of assuring the quality of test and/or calibration results. |
| **Appropriateness of EQAS Activity:** *How are the following addressed/ implemented?* |
| Is the frequency of EQAS Activity (or alternative activities) appropriate to the volume and associated risk for the testing and/or calibration activities of the laboratory? |  |
| Comment on Appropriateness |

 **Additional / General Comments** *This space may also be used to expand on comments in specific sections*

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|  **Analysis of Results of EQAS**: *How are* the *following addressed/ implemented?* |
| Has the laboratory analyzed the results of the EQAS/Interlaboratory results (or alternative), perform trend analysis and have appropriate steps been taken when results are not satisfactory or trends have been identified. |  |
| Comments on analysis of results |
| Is the laboratory experiencing any problems with participating in EQAS? |  |
| Comment on the effectiveness of corrective action taken |
| **Signed :Assessor/****Technical Expert & MS** |  | **Date:** |  |

**Please attach a copy of the EQAS Plan of the medical laboratory**