**Assessment of extension of scope – Medical examination**

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| Accreditation no.: | Technical assessor: |
| Laboratory: | Date: |

Please complete all rows in the column “Information from the laboratory”.

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| --- | --- | --- | --- |
|  |  | **Information from the laboratory** | **TA Assessment**  Enter ”ok” if satisfactory, or ”-” if not relevant. Comment as needed. |
|  | Unique-ID (method correctly entered in Webtool) |  |  |
|  | Components included in the extension/change? |  |  |
|  | Equipment and/or principle? |  |  |
|  | Is the method covered by the existing scope of accreditation? |  |  |
|  | New equipment and/or principle? |  |  |
|  | Is equipment being moved from one location to another? |  |  |
|  | Is a kit/method being changed or revised? |  |  |
|  | **Please provide documentation for the requirements listed in fields 8 through 11** | | |
|  | Internal quality control (IQC) |  |  |
|  | Participation in external quality control (EQA scheme, proficiency testing or interlaboratory comparison) |  |  |
|  | Estimation of uncertainty |  |  |
|  | Other (where relevant) |  |  |

**Conclusion (to be completed by TA):**

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