



## Hong Kong Laboratory Accreditation Scheme

### HOKLAS 005

#### Application for Laboratory Accreditation (including Proficiency Testing Providers) / Extension of Scope of Accreditation

**To apply for accreditation, please complete this application form and return it to HKAS Executive at the address shown below accompanied by:**

1. a completed HOKLAS 007 Assessment/Reassessment Questionnaire, or a completed HOKLAS 016 Assessment/Reassessment Questionnaire (medical laboratories), or a completed HOKLAS 018 Assessment/Reassessment Questionnaire for Proficiency Testing Provider, and
2. the application fee.

**Fees payable are listed either in:**

HOKLAS 006<sup>1</sup>, Schedule of Accreditation Fees for Laboratories within the Hong Kong Special Administrative Region, or  
HOKLAS 013<sup>1</sup>, Schedule of Accreditation Fees for Laboratories outside of the Hong Kong Special Administrative Region.

**Before completing this application form and submitting an application, the relevant documents listed below should be studied carefully.**

**For all:**

HKAS 002, Regulations for HKAS Accreditation

**For non-medical laboratories:**

HOKLAS Supplementary Criteria No. 33, Accreditation Regulations Specific for HOKLAS – Laboratory

HOKLAS 003, Technical Criteria for Laboratory Accreditation

**For medical laboratories:**

HOKLAS Supplementary Criteria No. 33, Accreditation Regulations Specific for HOKLAS – Laboratory

HOKLAS 015, Technical Criteria for Laboratory Accreditation (medical laboratories)

**For proficiency testing providers:**

HOKLAS Supplementary Criteria No. 34, Accreditation Regulations Specific for HOKLAS – Proficiency Testing Provider

HOKLAS 017, Technical Criteria for Accrediting Proficiency Testing Providers

#### HONG KONG ACCREDITATION SERVICE

36/F., Immigration Tower, 7 Gloucester Road, Wanchai, Hong Kong.

Tel : 2829 4840

Fax : 2824 1302

E-mail : [hkas@itc.gov.hk](mailto:hkas@itc.gov.hk)

The personal data collected will be used for accreditation purpose only.

**Application for Laboratory Accreditation (including Proficiency Testing Provider) / Extension of Scope of Accreditation \***

On behalf of \_\_\_\_\_ (the Organisation)  
(Full name of organisation<sup>@</sup> – see Note 2)

of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Registered address<sup>@</sup> – see Note 2)

I \_\_\_\_\_ (Chief Executive – see Note 3)

having read and understood the documents HKAS 002, HOKLAS Supplementary Criteria No. 33 / No. 34\*, and HOKLAS 003 / HOKLAS 015 / HOKLAS 017\* hereby apply for laboratory / proficiency testing provider accreditation / extension to the scope of accreditation\* of our organisation known as

\_\_\_\_\_ (Name of Laboratory or Proficiency Testing Provider<sup>@</sup> - see Note 4)

situated at \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Physical Address of Laboratory or Proficiency Testing Provider<sup>@</sup>)

for tests, calibrations, examinations and/or proficiency testing programmes/schemes listed on page 4 of the attached HOKLAS Assessment/Reassessment Questionnaire.

In consideration of your agreement to consider the application made herein, I, on behalf of the Organisation, agree to be bound by chapters 4, 5 and 7 of HKAS 002; and the specific accreditation requirements for HOKLAS specified in HOKLAS Supplementary Criteria No. 33 for laboratory / No. 34 for proficiency testing provider\*. Further, on behalf of the Organisation, I hereby undertake and agree to be bound by chapters 4 to 8 of HKAS 002 and HOKLAS Supplementary Criteria No. 33 or 34\* in the event that the Organisation is accredited/you agree to extend the scope of the Organisations's accreditation.

I hereby nominate/have already nominated\* \_\_\_\_\_ (Full Name – See Note 5)

as the HOKLAS authorised representative and I confirm that I have delegated to him/her authority to act in accordance with clauses 4.3 and 5.9 of HKAS 002 in respect of this application.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

\* Delete whichever is not applicable.

@ In both Chinese and English, if applicable

**Acceptance of Nomination/Extension of Responsibility\***

I \_\_\_\_\_  
(Full Name<sup>@</sup>) (Position<sup>@</sup>)

of \_\_\_\_\_  
(Full name of organisation – See Note 2)

hereby accept nomination/extension of my responsibility\* as the laboratory's / proficiency testing provider's\* HOKLAS rganizati representative for the rganization. I declare that I have read and understood the documents HKAS 002, HOKLAS Supplementary Criteria No. 33 / No. 34\* and HOKLAS 003/HOKLAS 015/HOKLAS 017\*, and will observe the provisions of HKAS 002. I confirm that I have been delegated authority to act in accordance with clauses 4.3 and 5.9 of HKAS 002 in respect of activities covered under this application and that I will discharge this responsibility to the best of my ability.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Enquiry**

The activities for which your organisation is accredited will be listed in its scope of accreditation published by HKAS. The first page of this scope includes contact details for public enquiry. If this application is for initial accreditation, please provide such details below. If this application is for extension of accreditation, filling in such details is only needed if there have been changes to the information provided previously.

Name and post title  
of the enquiry person<sup>@</sup> \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

\* Delete whichever is not applicable.

@ In both Chinese and English, if applicable

## **Explanatory Notes**

1. The fees in HOKLAS 006 and HOKLAS 013 are applicable to proficiency testing providers.
2. Name and registered address of the organisation  
is the name and registered address of the organisation as recorded in the Company Registry of the HKSAR, if the organisation is a company incorporated in Hong Kong. For a Government Department, it is the name and address of the Government Department. If the organisation is a sole-proprietorship organisation, the name shall be the name of its sole-proprietor and the name of the business marked on its business registration certificate issued under the Business Registration Ordinance (Cap. 310). The address shall be the address marked on the same certificate. If the organisation is not incorporated nor registered in HKSAR, a name and address of equivalent status under the laws of its place of incorporation or registration should be used.
3. Chief Executive...  
is the person within the organisation with authority to enter into contractual arrangements on behalf of the organisation. He is required to accept, in a corporate capacity, responsibility for ensuring that the laboratory for which accreditation is sought will at all times adhere to Regulations for HKAS Accreditation.
4. Name of Laboratory or Proficiency Testing Provider...  
is the name used by the organisation to identify the laboratory or proficiency testing provider which performs the tests, calibrations and examinations, or organises the proficiency testing schemes proposed for accreditation, e.g., Textile Division Laboratory.
5. HOKLAS Authorised Representative...  
is the person nominated by a laboratory or proficiency testing provider to represent it in all matters affecting the day to day maintenance of accreditation status. He is therefore responsible for liaison with HKAS Executive. The roles and responsibilities of authorised representatives are described formally in HKAS 002 - "Regulations for HKAS Accreditation".

HKAS Executive recommends that a laboratory or proficiency testing provider should nominate as the authorised representative an individual of appropriate seniority who has a close appreciation of its activities and also a direct interest and influence in the standard of its performance.

The Chief Executive may nominate himself as the authorised representative.