



**SRI LANKA ACCREDITATION BOARD
for CONFORMITY ASSESSMENT**

**APPLICATION FORM
for RECOGNITION *of*
GOOD LABORATORY PRACTICE**

Instructions to the Applicant:

Please submit this application along with the questionnaire, duly filled, Laboratory's GLP Manual and associated documents referred in the application and questionnaire.

APPLICATION FOR RECOGNITION OF GOOD LABORATORY PRACTICE

We apply for recognition of Good Laboratory Practice/s of our laboratory as per the details given below:

First Recognition Scope Extension Renewal of Recognition

1. Laboratory Details

1.1 Name of the Laboratory _____

Address _____

Telephone _____ Facsimile _____

Fax No _____ e-mail _____

1.2 Name of Parent Organization _____

(if laboratory is a part of an organization)

Telephone No. _____ Fax No. _____ e-mail _____

1.3 Legal status and date of establishment _____

(please give Registration No. and name of authority who granted the registration)

2. Recognition Details

2.1 Field of studies for which recognition is sought

(please tick the appropriate box, a separate application to be filled for each discipline)

- | | | | |
|-----------------------------|--------------------------|---------------------------------|--------------------------|
| • Physical-chemical studies | <input type="checkbox"/> | • Studies related to ecosystems | <input type="checkbox"/> |
| • Toxicity studies | <input type="checkbox"/> | • Studies related to medicines | <input type="checkbox"/> |
| • Residue studies | <input type="checkbox"/> | • Ergonomics studies | <input type="checkbox"/> |
| • Safety studies | <input type="checkbox"/> | • Other (Please specify) | <input type="checkbox"/> |

2.2 If the Laboratory is already recognized for GLP, indicate the Scope & Good Laboratory Practice for which recognition has been granted.

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2.3 **If the Laboratory is already accredited for ISO/IEC 17025/ISO 15189, indicate the fields of testing and scope for which accreditation has been granted.**

2.4 **Scope of Recognition sought for GLP**

| Sl no | Group of products, materials or items studied | Specific or types of tests/studies performed | Method of Study Ref. No, Code No. | Range of measurement/ Limit of detection |
|-------|---|--|-----------------------------------|--|
| | | | | |

Note 1. Laboratories performing site testing or studies shall clearly identify the specific test on product(s)/ material performed at permanent laboratory and/ or at site.

3. **Organization**

3.1 **Laboratory Management** (Name, Designation, telephone, Fax, e-mail)

3.1.1 Chief Executive of the laboratory _____

3.1.2 Person responsible for the test system _____

3.1.3 Study Director _____

3.1.4 Authorized Representative for SLAB _____

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- 3.1.5 Information regarding any individual or organization that has provided consultancy for being prepared towards SLAB accreditation;
- a. Development of Laboratory Management System: _____
- b. Development of Technical Operations: _____
- c. Specific Training: _____
- d. Conducting Internal Audits: _____
- e. Other: _____

3.2 **Organization Chart**

3.2.1. Indicate in an organization chart the operating departments of the testing facility for which recognition is being sought (please append)

3.2.2 Indicate how the testing facility is related to external organizations or to its own parent organization (where applicable)

3.3. **Employees**

3.3.1 Total number in the testing facility for the specific field applied _____

3.3.2 Total number in the testing facility for which recognition is being sought _____
(if recognition is applied for a part of the facility)

3.3.3 Details of staff (please clearly indicate the staff responsible for site testing)

| Sl no | Name | Designation (Study Director, Principle Investigator/ Investigator/other) | Academic and Professional Qualifications* | Experience related to present work (in years) |
|-------|------|--|---|---|
| | | | | |

* Please clearly indicate the field of specialization

3.3.4 If Trainees or Contracted persons are employed, Please indicate the details of them.

4. Equipment and Reference Materials

4.1 Equipment List

please list down all significant items of equipment, providing details of make, model, serial number, range, if applicable and calibration status (date of last calibration, name of calibrating authority), if available.

- The preferred order is:
- a) Reference equipment - Weights, balances, thermometers etc;
 - b) Testing equipment - spectrophotometers, testing machines etc;
 - c) Ancillary equipment - sieves, autoclaves, etc;

| Sl no | Name of equipment | Model/ type/ year of make | Receipt date & date placed in service | Range and accuracy | Date of last calibration | Calibration due on * | Traceability** |
|-------|-------------------|------------------------------|---|-----------------------|-----------------------------|-------------------------|----------------|
| | | | | | | | |

4.2 List of reference materials

please list down all reference materials used for verification or validation of test method or technique applied for Accreditation

| Sl. no. | Name of reference material/ strain/ culture | Source | Date of expiry/ validity | Source of Traceability |
|---------|--|--------|--------------------------|---------------------------|
| | | | | |

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5. Quality Assurance Programme

Please list down the details of Quality Assurance programmes currently employed by the Laboratory

| Sl. no. | Study method or group of studies applied for recognition | QA programme | Service provider | Frequency |
|---------|--|--------------|------------------|-----------|
| | | | | |

6. Willingness to undergo Assessment

We declare that

6.1 We are familiar with and will abide by the terms and conditions of maintaining SLAB recognition for GLP included in the agreement to be signed by both parties, which is enclosed.

6.2 We agree to comply fully with SLAB GLP Criteria for recognition of test facilities.

6.3 We agree to comply with GLP procedures, pay all costs for assessment, verification visit (if any), surveillance and reassessment irrespective of the result.

6.4 We agree to co-operate with the assessment team appointed by SLAB for examination of all relevant documents by them and their visits to those parts of the laboratory that are part of the scope of recognition.

Signature of Chief Executive or his authorized representative _____

Name & Designation _____

Date & Place _____

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