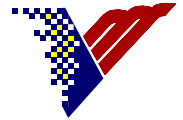




SIJIL PENGIKTIRAFAN MAKMAL SWASTA JPV
DVS PRIVATE LABORATORY RECOGNITION



APPLICATION FOR CERTIFICATION

1. ORGANISATION DETAILS

Name:
(Indicate exactly how the name of the organization is to appear on the certificate)

Address:

.....

Tel. no.: Fax. no.:

Website: E-mail:

Contact person: Designation:

2. LABORATORY DETAILS

(If different from above)

Name:
(Indicate exactly how the name of the laboratory is to appear on the certificate)

Address:

.....

Tel. no.: Fax. no.:

Website: E-mail:

Contact person: Designation:

3. SUPPORTING INFORMATION OF THE LABORATORY

Date of establishment:

Registration number:
(a copy of ROC to be attached)

Legal status:
(e.g. Govt. Dept., Pty/Ltd, etc)

Accreditation status :
(Please provide copy of certificate)

4. GENERAL BACKGROUND OF APPLICANT LABORATORY

(Please provide as much as possible details such as organisation charts, extracts from quality manual, organisation's latest annual report or publicity brochure)

a) Major type of testing activities of laboratory:

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.....

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b) Structure of laboratory:

(Please provide the organisation chart showing the line of authority within the laboratory and if relevant, the laboratory's position in the overall structure of the parent organization. If it is available in the Quality Manual, please state the relevant section of the location of the laboratory's structure)

c) Laboratory's existing main quality documents:

(Please tick in the appropriate boxes)

Quality manual *	
Standard operating procedure (SOP) *	
Test method *	
Others, please state:	

Note: Documents marked with * are to be submitted to DVS

d) Nominated signatories

No.	Name	I.C. No:	Designation

e) Field of testing/calibration for which certification is sought
(Please tick in appropriate box)

TESTING

Chemical	
Biological / Microbiological	
Veterinary	
Others: (please state)	

Note: For details of the scope, please complete the scope of certification sought in page 4 or 5.

List of key personnel

(Please attach CV and provide details of the office bearers below and please use extra sheet if necessary)

Total number of laboratory technical staff:

Head of laboratory

Name:

Laboratory Quality Manager

Name:

Deputy Laboratory Quality Manager

Name:

Laboratory Technical Manager

Name:

Deputy Laboratory Technical Manager

Name:

Other laboratory personnel

Name:

Designation:

Qualifications:

Relevant Experience:

Name:

Designation:

Qualifications:

Relevant Experience:

Name:

Designation:

Qualifications:

Relevant Experience:

Name:

Designation:

Qualifications:

Relevant Experience:

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Qualifications:

Relevant Experience:

Name:

Designation:

Qualifications:

Relevant Experience:

Name:

Designation:

Qualifications:

Relevant Experience:

Name:

Designation:

Qualifications:

Relevant Experience:

5. Scope of recognition sought

For testing laboratory

(Please specify as precisely as possible the scope of sought)

Materials / Product tested	Type of tests / Properties measured	Test method, specification / Equipment / Techniques used

Note: Photocopies/retyped schedules are acceptable.

All testing laboratories are expected to have their own documented procedures for the estimation of calculations of measurement uncertainty

6. DECLARATION

Declaration

The Organisation/Laboratory hereby undertakes:

- (i) to comply with DVS protocol - Terms and Conditions Governing the DVS.
- (ii) to participate in suitable interlaboratory comparison program/activity relevant to its scope of Veterinary & Food testing prior to granting of certification where such program/activity is available.
- (iii) to provide access to information, documents and records as necessary for the assessment and maintenance of the recognition;
- (iv) to provide access to those documents that provide insight into the level of independence and impartiality of the lab from its related bodies, where applicable; and
- (v) shall arrange the witnessing of lab services when requested.

Submission of Documentations

We enclosed herewith a copy each of the following for your examination:

- (1) Standard Operating Procedure
- (2) Test Method
- (3) Copy of ROC Certificate/ Article of Incorporation/Partnership Agreement (if any)
- (4) CV of Key Personnel including nominated signatories
- (5) LA 201-4: Information on Applicant's Participation in Proficiency Testing (PT) / Interlaboratory Comparison (ILC) / Related Activities

Signature: Date:

Name of Authorised Representative of Applicant:..... Organisation's Stamp / Seal:

Please return duly completed forms to: **Director General**
Department of Veterinary Services
Ministry of Agriculture and Agro-Based Industry
Wisma Tani, Podium Block, Lot 4G1, Precinct 4
Federal Government Administration Centre
626300 Putrajaya, Malaysia.
(Attn : Director of Diagnostic and Quality Assurance Division)