**REQUEST FOR SUSPENSION OF ACCREDITATION**

**(SELF-SUSPENSION)**

**PERSONAL DATA OF THE REQUESTING CAB[[1]](#footnote-1)**

|  |  |
| --- | --- |
| CAB Legal Entity |  |
| Reference |  |
| Code |  |
| Accreditation number |  |
| Accreditation scheme | **[ ]**  LAB ISO/IEC 17025**[ ]**  MED ISO 15189**[ ]**  PTPs ISO/IEC 17043 |

**The CAB**, according to the General Regulations for accreditation RG-02/RG-14[[2]](#footnote-2) and aware of the obligations envisaged by these,

* **REQUIRES THE SUSPENSION OF THE ACCREDITATION**:

**[ ]  TOTAL**

**[ ]  PARTIAL**, for the field of application of accreditation indicated below only (*specify tests/ activities/analysis/proficiency testing for which the suspension is requested*):

|  |
| --- |
|  |

* **COMMUNICATES THE FOLLOWING INFORMATION:**

|  |  |
| --- | --- |
| **CAUSES** of the request |  |
| **STARTING DATE** of the self-suspension |  |
| **PLAN FOR RESTORATION OF CONFORMITY:** *list/describe the activities planned by the CAB for restoring compliance and related dates (where applicable)* |  |
| **PRESUMED DURATION OF SUSPENSION** |  |

* During the period of the suspension, the CAB shall conform with the requirements of the regulations RG-02/RG-14 and RG-09 regarding use of ACCREDIA’s mark and/or reference to accreditation.

|  |  |
| --- | --- |
| Date: \_\_\_\_\_\_\_\_\_\_\_ | **Head Office of the CAB*****(Name, Surname, Signature)*** |

1. “CAB” refers, for the Department of Testing Labs, to Testing Laboratories, Medical Laboratories and Proficiency Testing Providers (PTPs). [↑](#footnote-ref-1)
2. It should be remembered that:

the database of accredited CAB published on ACCREDIA’s website is update for publishing the suspension of accreditation indicated above;

the CSADL is informed of the self-suspension;

	* the CAB is required to inform the clients involved and, where applicable, the interested parties, of the self-suspension;the self-suspension of accreditation does not nullify the contractual obligations towards ACCREDIA. [↑](#footnote-ref-2)