

# Flexible Scope of Accreditation for ISO 17025 and ISO 15189 Testing Laboratories

PS 11

## 1) Introduction

Laboratories are accredited based on a defined scope of accreditation. This scope document provides the laboratory and other interested parties with a detailed list of the tests and/or examinations for which the laboratory has been accredited.

Any changes / additions to this scope normally require an INAB evaluation before the change is implemented and the results are reported as accredited.

This procedure defines the INAB process in place to allow laboratories to report, within defined criteria, as accredited, results of tests and/or examinations not currently in their defined scope of accreditation. This could be completed without prior approval from INAB.

The use of a flexible scope will not reduce the verification requirements for the laboratory in any way.

## 2) Scope of application of the document

This policy statement applies only to ISO 17025 and ISO 15189 testing laboratories. It does not apply to testing subcontracted by the laboratory.

This policy does not apply to calibration laboratories.

It also does not apply to those testing laboratories that may be relocating equipment or facilities, please contact your INAB officer on an individual basis for this.

## 3) Definition of scope parameters

A laboratory's scope of accreditation consists of the following parameters:

### 3.1) *INAB classification number (P9)*

This refers to the classification system for all testing and calibration laboratories as listed in the publication, 'P9-Classification System for Testing and Calibration'.

### 3.2) *Materials/products/specimens tested*

This is the material/ product or specimen (types of matrices) to which a test method is applied.

### 3.3) *Test /property measured/range of measurement*

This is the measured parameter/property of materials tested and may include the range of measurement over which accreditation is awarded.

#### 3.4) *Method principle / Techniques used*

This is the technique underlying the performance of the test/examination. Examples are: atomic absorption, high-pressure liquid chromatography, enzyme immuno assay, microscopy, PCR, cultural enumeration and detection techniques etc.

#### 3.5) *Equipment (May not be specified on all scopes)*

This describes the type of equipment, name of the equipment and supplier, and kit and reagent information where applicable.

#### 3.6) *SOP / Standard specification*

This is a reference to the laboratory procedure used in the testing/examination. The SOP may be based on a regional/sectoral, national or international standard method, or a method developed in the laboratory (in-house method).

### 4) **Flexible scope**

4.1 ) Flexible scope of accreditation means that a laboratory may claim accreditation for testing not currently included in the defined scope of accreditation, without prior approval by INAB.

This may lead to a permanent change in the defined scope of the laboratory or it may apply to a single task or event. (For example temporary equipment in use, testing in connection with a particular outbreak posing a public health risk etc.)

4.2) *A testing laboratory may use a flexible scope when the particular change needed:*

1. Utilises a technique that has been previously assessed and accredited by INAB and is included in the laboratory's current scope of accreditation.
2. Is within the same P9 category (811 for example), scientific discipline and utilises the same technique (see 3.4).
3. Ensures the use of kits and/or equipment within the manufacturer's instructions. (Where applicable)

**4.3) The following points shall be read in conjunction with 4.2 (1-3) above and shall apply to all relevant types of testing laboratories.**

- The term ‘technique’ as referred to in 3.4 encompasses all parts of the process including sample preparation, extraction, analysis and detection. A significant change in any part of the process is considered a change in ‘technique’ and would require an extension to scope application to INAB.
- It is unlikely that a change in organism could be considered under flexible scope as there is normally significant changes to conditions of the test, detection techniques etc. Changes within species of organisms / strains of viruses could be considered as part of flexible scope. Please contact your INAB officer if you wish to clarify any particular proposed changes.
- Testing for Category 3 organisms are excluded from the flexible scope and would require an INAB assessment. Please see PS03. (Example E. Coli 0157)
- For ISO15189 Histopathology laboratories, addition of any special stains or specialist areas would require an extension to scope application to INAB.
- Flexible scope does not apply when a change from manual to automated systems is proposed, even if the underlying technique is unchanged.
- Flexible scope will apply to equipment upgrades only if there is no change to the underlying measurement / detection technique.
- In the case of Blood Transfusion laboratories, this testing is established and governed by EU directives and agreements with the HPR. These laboratories may operate flexibility only in cases of changing kits and/or matrix types, where appropriate.
- Molecular testing / PCR testing is currently not included in flexible scope, further consultation is necessary before defining the guidelines for these types of techniques.

**5) Requirements for laboratories applying for a flexible scope of accreditation**

- 5.1) Flexible scope of accreditation can be applied for, at the earliest, as an extension to scope request, following the laboratory's first successful surveillance visit after the laboratory's initial award of accreditation in a particular scientific discipline. Please use the extension to scope form available from the INAB website. [www.inab.ie](http://www.inab.ie)
- 5.2) In its application, the laboratory shall detail the departments / scientific disciplines in which flexible scope is being applied. It may apply for a single discipline (e.g. Chemistry)

only) /technique (e.g. Mass Spec only) , change in range of measurement only, change of matrix only etc. It may also apply for the entire suite of accredited testing.

- 5.3) The laboratory shall designate the person(s) with responsibility for the flexible scope system. These individuals are considered key personnel and any changes shall be notified to INAB, as they occur.
- 5.4) The laboratory shall also document the process to be followed on receipt of applications for tests/examinations that are within the range of the laboratory's flexible scope, but not previously carried out by the laboratory. Minimum requirements for this documented process are defined in Appendix A
- 5.5) The laboratory shall document the verification process, suitable to the extent and technical nature of the categories for which it requires a flexible scope. INAB's policy statement on Minimum Verification requirements shall apply. (PS24) Requirements for this documented process are defined in Appendix B, as it applies to flexible scope.
- 5.6) The records associated with Appendix A and B shall be sufficiently detailed so as to allow internal and external audits evaluate the process that has been followed and the decision taken, including cases where a test could not be approved as accredited. These records must provide evidence that all the actions required by the laboratory prior to approval were effectively completed before the issue of an accredited test report. Please note: Verification can be concurrent with testing, provided verification is completed before the test report is issued. The potential risk of completing verification in this way may be assessed individually by each laboratory.
- 5.7) Additional tests/examinations for which the laboratory claims accreditation via its flexible scope, since the last INAB surveillance visit, shall be listed in a document held by the laboratory. This documents will be the 'Master list of Flexible scope changes' for a particular time Period: eg 2015. This master list is controlled and updated by the laboratory on an ongoing basis and reviewed by INAB at each assessment visit. Minimum requirements for such a template are in Appendix C. Pending a positive decision on maintenance of accreditation, following a scheduled INAB assessment, the testing detailed in this list is included the laboratory's fixed scope of accreditation, maintained by INAB. The list shall be made available, upon request at any time, without any undue delay, to INAB and any potential clients.

5.8) The flexible scope system shall be subject to internal audit by the laboratory and shall also be reviewed as part of the laboratory's management review. These records will be reviewed at INAB assessments.

**6) Application process for a flexible scope:**

6.1) Laboratories shall use the extension to scope application form when applying to INAB for a flexible scope. A minimum of six months' notice is required for INAB to organise such an assessment.

6.2) In addition to completion of this form, the laboratories are also requested to provide the following information:

- I. A description of the reason and justification for applying for a flexible scope.
- II. A list of the person(s) responsible for the flexible scope system within the laboratory and a brief description of their competence and experience.
- III. The documented process that the lab will follow on receipt of applications for tests within the flexible scope. (Appendix A).
- IV. The documented verification process that the lab will follow on receipt of applications for tests within the flexible scope. (INAB policy statement PS24 and appendix B).
- V. A practical example of an extension to scope verification under the flexible scope system.
- VI. Evidence of the laboratory's own internal audit completed as evidence of conformity with this policy document.

**7) Initial assessment visit for flexible scope**

7.1) The initial assessment of flexible scope will be an on-site visit which may or may not be completed as part of a scheduled surveillance visit. Additional time will be required for this initial assessment on site and thereafter assessment of the flexible scope system and 'List of flexible scope changes' will be incorporated into the normal surveillance activities of INAB. Please also see 8.1.

7.2) Requirements, as outlined in sections 5 and 6, will be assessed, at minimum, during this visit.

7.3) The INAB team, as per the normal process, may recommend award of accreditation for a flexible scope and this will be presented to the INAB manager for decision.

**8) Maintenance of accreditation**

- 8.1) At each surveillance visit, the implementation and effectiveness of the controls established by the laboratory for the management of the flexible scope will be examined. If a laboratory has made significant use of their flexible scope between INAB visits, additional time may be needed by the assessment team to evaluate these changes. This will be decided on a case by case basis with the INAB officer.
- 8.2) The laboratory shall refer to INAB policy statement PS10 for documentation to be supplied to INAB, in advance of a surveillance visit, in relation to their flexible scope system.
- 8.3) If INAB are satisfied that the flexible scope system in the laboratory has managed the changes effectively then the tests/examinations outlined in the list of flexible scope changes are then added to the Laboratory's fixed scope of accreditation.
- 8.4) INAB reserves the right to revoke the laboratory's authority to operate a flexible scope, should it be discovered that the laboratory has not maintained its management system, or that controls have not been effectively implemented resulting in the inappropriate authorisation of tests/examinations as accredited. Should this occur the laboratory is required to inform its clients (including any relevant regulatory authorities) that the laboratory no longer operates a flexible scope of accreditation. Should inappropriate authorisation of results occur the entire scope of accreditation for the laboratory will be reviewed by INAB.

## 9) References

- EN ISO/IEC 17025: “General requirements for the competence of testing and calibration laboratories”, 2nd edition, 2005.
- EN ISO 15189: “Medical Laboratories - Particular requirements for quality and competence”, 3rd Edition 2012.
- EA-2/15: “EA requirements for the Accreditation of Flexible Scopes”
- EA-4/17 “EA Position Paper on the description of scopes of accreditation of medical laboratories”
- EA-2/05: “The Scope of Accreditation and Consideration of Methods and Criteria for the Assessment of the Scope in Testing”, EA, European co-operation for Accreditation.
- ILAC-G18: 2002: “The Scope of Accreditation and Consideration of Methods and Criteria for the Assessment of the Scope in Testing”.
- PS1: INAB Policy on Proficiency Testing
- PS15: Guide to Method Validation for Quantitative Analysis in Chemical Testing Laboratories
- PS24 Minimum verification requirements for Verification for ISO17025 and ISO15189 accredited laboratories.

## 10) Contact

For further information about this policy please contact an INAB officer at The Irish National Accreditation Board.

Phone: 1890 289 389

Fax: +353 (0)1 6147125

E-mail: [inab@inab.ie](mailto:inab@inab.ie)

Website: [www.inab.ie](http://www.inab.ie)

**Appendix A - Minimum requirements for the documented process to be followed within the laboratory on receipt of applications for tests/examinations that are within the range of the laboratory's flexible scope.**

**This documented process shall ensure the following items are clearly defined and recorded:**

- The responsibility for the flexible scope system within the laboratory.
- Identification of suitably qualified and experienced personnel to complete verification and testing.
- Confirmation that suitable equipment, equipment capacity and consumables are available for completion of the specific test(s). (Subcontracting is not permitted)
- The final authorisation for the decision on whether the new test or change in test method, once verified, can be added to the list of flexible scope changes.
- If a particular test / change in test method is requested by a client, they, when appropriate, shall be informed of the following:
  - The implications (e.g. turnaround time, price, etc) of the request for this test
  - That there is a possibility that the laboratory will not be able to issue accredited test results depending on the outcome of the verification procedures.



**Appendix B - Minimum requirements for a documented validation / verification process suitable to the extent and technical nature of the categories for which the laboratory holds a flexible scope.**

- Please refer also to the INAB policy statement, 'Minimum requirements for Verification' PS24
- Should the verification process result in the conclusion that the laboratory is not in a position to issue accredited test reports, the laboratory must conduct an investigation to ensure that adequate corrective action is taken, where deemed necessary by the laboratory. Further corrective action may not be required in instances where the laboratory has decided not to progress the verification any further and the client is satisfied with such an outcome.
- The verification process may consist of a general procedure together with more detailed procedures for specific classification groups or parameters.
- The laboratory could establish different degrees of Verification. Verification may be more extensive in the case of a new matrix added to an existing suite, or an upgraded piece of equipment, while the verification would be less extensive in the extension of the analytical range of an already accredited method.
- Successful participation in proficiency testing (PT) scheme (s) is normally required during verification of a change in method, test parameter, etc. If a PT is unavailable then the requirements of PS1 shall apply.
- The laboratory shall document when it would / would not consider it necessary to demonstrate successful participation in an appropriate PT scheme before reporting a result as accredited. This shall be assessed by the INAB team during the initial assessment for flexible scope.
- Significant changes will require a successful PT result before reporting a result as accredited, examples include:  
Upgrade / change of equipment  
Additional test / examination

- However results from PT participation may not be required in some instances, before test results are reported as accredited. Examples include:
  - a. Change in range, kit change, reagent change
  - b. Sample dilution / concentration steps
  - c. Additional sample matrix where the PT for a particular test is independent of the matrix. Note: where there is a specific PT for matrices available, then the laboratory should participate before the testing is reported as accredited.

**Appendix C**

**Master list of flexible scope changes for any particular year**

INAB Classification Number (P9)	Test/ Assay Name	Specimen Type	Technique	Equipment	SOP	Description of change and date
						Enter details of the change examples could possibly be the following:
						Change of range
						Change of kit
						Addition of new test
						Change of dilution in test method
						Upgrade of equipment