Expression of Interest to Participate in the System of Peer Audits Within the Network of Quality Control Laboratories (QCLs) Involved in WHO Prequalification

Information contained in this FORM is strictly confidential

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| LABORATORY INFORMATION | | | | | | |
| Laboratory name: | | |  | | | |
| Address: |  | | | | | |
|  |  | | | | | |
|  |  | | | | | |
| E-mail address: | | |  | Tel. no: |  | |
| WHO Prequalified: Yes  No | | | | | | |
| Laboratory: National  University/NGO  Independent commercial | | | | | | |
| Laboratory Responsible Person | | | | | | |
| First Name: | | |  | | | |
| Last Name: | | |  | | | |
| Title (also indicate if Mr, Mrs, Ms or Miss): | | |  | Position in laboratory: | |  |
| E-mail address: | | |  | Tel. no: |  | |
|  | | | | | | |
| We are interested in the conduct of audit in the above laboratory within the System of mutual audits organized in the network of Quality Control Laboratories involved in WHO Prequalification.[[1]](#footnote-1)  Date and signature of the laboratory responsible person | | | | | | |
| Period suitable for the audit: | |  | | | | |
| Language(s) in which the audit should be conducted: | |  | | | | |
| Scope of the audit: | | Chemical testing  Microbiological testing  Both | | | | |
| Specify type of analysis performed in the laboratory | |  | | | | |

|  |  |
| --- | --- |
| Physical/Chemical analysis |  |
| Identification |  |
| Assay, impurities and related substances |  |
| Microbiological tests |  |
|  |  |

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| --- | --- | --- | --- | --- |
| NOMINATION OF AUDITORS | | | | |
| The above mentioned laboratory nominates its auditor(s) to participate in the system of mutual audits organized in the network of Quality Control Laboratories involved in WHO Prequalification follows:[[2]](#footnote-2) | | | | |
| Auditor 1[[3]](#footnote-3) | | | | |
| First Name: | | | | |
| Last Name: | | | | |
| Title (also indicate if Mr, Mrs, Ms or Miss): | | | | |
| E-mail address: | | Tel. no: | | |
| Position in laboratory: |  | Responsibilities in laboratory: | |  |
| Working knowledge of the following languages: |  | | | |
| Auditor 23 | | | | |
| First Name: |  | | | |
| Last Name: |  | | | |
| Title (also indicate if Mr, Mrs, Ms or Miss): |  | | | |
| E-mail address: |  | Tel. no: |  | |
| Position in laboratory: |  | Responsibilities in laboratory: |  | |
| Working knowledge of the following languages: |  | | | |

1. Activity applicable only to national quality control laboratories which applied for PQ and have not yet been prequalified. [↑](#footnote-ref-1)
2. Activity applicable to any national, university/NGOs and/or independent commercial quality control laboratory, either prequalified or undergoing the WHO prequalification procedure. [↑](#footnote-ref-2)
3. Please attach the professional CV which should include also detailed information on auditing experience and working knowledge of languages. [↑](#footnote-ref-3)