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| --- | --- |
| **Date:** | **Laboratory ID:** |
| **Laboratory Name:** | **Laboratory Contact Name** *(for questions on this form)***:** |
| **Laboratory Contact Telephone:** | **Laboratory Contact Email:** |
| **AIHA LAP Contact:** | **Technical Advisory Panel due date (to be entered by AIHA LAP):** |

Per Policy 3.10, this form is submitted to request the addition of a method(s) within an already accredited Field of Testing (FoT) and/or Core Scope Category. If your laboratory is seeking to become accredited for a method in a FoT/ Core Scope Category in which your laboratory is not currently accredited, please review Policy Module 3, Section 3.9.

**Select the program of the requested method(s), and complete the corresponding Form 2 using the link below. Include the updated Form 2 as an attachment.**

Method Addition Requested in the Following Program:

IHLAP  ELLAP  EMLAP  FoodLAP  UniqueScopes  Be Field/Mobile

[Please click here to download your Form 2 – Program Specific Methods & PT Plan](https://www.aihaaccreditedlabs.org/forms)

**For each method requested above please attach the SOP. Clearly label the attachment with the Method number.**

Policy Modules and Scope/PT Table are available on the AIHA LAP website at:

<http://www.aihaaccreditedlabs.org>

This form and attachments should be sent by email to any [Accreditation Staff Contact](http://www.aihaaccreditedlabs.org/AboutUs/Leadership/Pages/Contact-Us.aspx) or entered into the DMS portal.

**For Technical Advisory Panel use only:**

Is the method addition approved?  YES  NO *(complete section below)*

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TAP Name TAP Signature & Date

|  |
| --- |
| Comments: |

This form and attachments should be sent by e-mail to any [Accreditation Staff Contact](http://www.aihaaccreditedlabs.org/AboutUs/Leadership/Pages/Contact-Us.aspx) or entered into the DMS portal.