



Refer letter head

QCS
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National Accreditation Board for Testing and Calibration Laboratories

Assessment Report of Sample Collection Centre/Facility

Assessor **NABL**

Centre/Facility (SCF)

Assessment

Sample Collection Center Name: Lal PathLabs

SCF ID:

Assessor Name : Tester

Address

Assessment Date : 21 Jun 2018

Owner/Contact Person:

Assessment

General Requirement

→ Column size may be reduced to accommodate text of 1st column in less no. of lines.

Requirement 1. Type of the Collection Centre / source of sample

Answer: **Finding** Owned

NC :

Nc Details :

NC Remarks :

CA Remarks :

Nc Status :

NC

Requirement 2. Size of premises

Answer : Adequate

NC :

Nc Details :

NC Remarks : about 200 Square feet

CA Remarks :

Nc Status:

Requirement 3. Average Number of patients per day

Answer : 52

NC :

Nc Details : about 200 Square feet

NC Remarks :

CA Remarks :

Nc Status:

Requirement 4. Does it meet the requirement of the workload

Answer : Yes

NC :

Nc Details :

NC Remarks :

CA Remarks :

Nc Status:

Similarly