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| **A.****- Key Roles****- Specialty / Subspecialty** | **B. Personnel / Work Shift (If applicable)** |
| e.g., J. Doe1st Shift | e.g., E. Lea3rd Shift |  |  |  |  |  |  |  |
| Laboratory Director | **x** |  |  |  |  |  |  |  |  |
| Quality Manager/ Quality Personnel |  |  |  |  |  |  |  |  |  |
| Managerial Personnel  |  | **x** |  |  |  |  |  |  |  |
| e.g., General Chemistry |  | **x** |  |  |  |  |  |  |  |
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Instructions:

1. In addition to the Key personnel roles identified within bolded borders, list each Specialty / Subspecialty for which accreditation is sought or has been granted and continuation of which is desired.
2. List the names of each personnel authorized to perform the Key roles identified, as well as the names of personnel who have been fully trained and deemed competent to perform testing within the Specialty(ies) / Subpecialty(ies) listed. If the personnel listed operate in shifts, please indicate. **The following matrix may be used, with additional sheets attached as needed:**

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| *For A2LA Office use Only:* |
| MASTER CODE: | ASSESSMENT NO: | CERT NO: |

**DOCUMENT REVISION HISTORY**

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| **Date** | **Description** |
| 05/18/23 | * Updated “Quality Manager” to include all Quality Personnel
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