Please list all equipment used in performing each of the Specialty/Subspecialty/Analyte for which accreditation is sought as well as model, serial number and location. **The following matrix may be used, with additional sheets attached as needed:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item / General Description** | **Manufacturer / Model** | **Serial Number****and/or****Unique Identifier** | Check if interfaced to LIMS | Calibration  | Location |
|  |  | Yes |  CalibrationVerification | N/A |
|  | In house | External |
| 1 | e.g., Auto Analyzer | Itsgreat / XL 2700 | AA122333 / AA001 | √ |  |  | X |  | Core Lab Rm 123 |
| 2 | e.g., Balance Max 500 g | Mettler / DT500 | B7656564 / AA002 |  |  | X |  |  | Histology Rm 111 |
| 3 | e.g., Weight Set |  | W6543233 |  | X |  |  |  | Sp Chem Rm 320 |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
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| 11 |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |

**DOCUMENT REVISION HISTORY**

|  |  |
| --- | --- |
| **Date** | **Description** |
| 09/19/19 | * Integrated into Qualtrax
* Updated Header/Footer to current version
 |
| 02/03/20 | * Updated format for consistency
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