To facilitate your A2LA assessment, please provide information about the contractors and services that are used to support the clinical testing capabilities that are being requested for accreditation. **The following matrix may be used, with additional sheets attached as needed:**

|  |  |  |
| --- | --- | --- |
| Service | Provider | Type of Agreement |
| Contract  | Support Agreement |
| 1 | Ex: Equipment Maintenance: Centrifuges | Ex: Biomedical Maintenance, Our hospital  |  | X |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |

## DOCUMENT REVISION HISTORY

|  |  |
| --- | --- |
| **Date** | **Description** |
| 09/20/19 | * Integrated into Qualtrax
* Updated Header/Footer to current version
 |
| 02/03/20 | * Updated format for consistency
 |
| 06/06/22 | * Updated “medical” to “clinical”
 |