

2011 AIHA-LAP, LLC Accreditation Policy Changes

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Underlines = Additions

~~Strikethrough~~ = Deletions

[2011 Policy Changes](#) (PDF of complete 2011 Accreditation Policy document containing all Policy Modules with changes tracked)

Policy	2010 Language	2011 Policy Revision
1.1	<p>1.1 PURPOSE The primary purpose of the American Industrial Hygiene Association Laboratory Accreditation Programs (AIHA-LAP), LLC is to establish and maintain the highest possible standards of performance for laboratories analyzing samples to support the evaluation of occupational and environmental exposures to hazardous agents. Laboratories that comply with the elements of this program operate a quality system that meets the requirements of the International Organization for Standardization (ISO) Standard ISO/IEC 17025:2005. This standard incorporates the principles of ISO 9001 that are relevant to the scope of testing services addressed by the laboratory.</p> <p>AIHA-LAP, LLC is recognized by the International Laboratory Accreditation Cooperation (ILAC). AIHA-LAP, LLC programs are managed and conducted in full compliance with ISO/IEC 17011:2004.</p>	<p>1.1 PURPOSE The primary purpose of the American Industrial Hygiene Association Laboratory Accreditation Programs (AIHA-LAP), LLC is to establish and maintain the highest possible standards of performance for laboratories analyzing samples to support the evaluation of occupational and environmental exposures to hazardous agents. Laboratories that comply with the elements of this program operate a quality system that meets the requirements of the International Organization for Standardization (ISO) Standard ISO/IEC 17025:2005. This standard incorporates the principles of ISO 9001 that are relevant to the scope of testing services addressed by the laboratory.</p> <p>AIHA-LAP, LLC is recognized by the <u>International Laboratory Accreditation Cooperation National Cooperation for Laboratory Accreditation (NACLALAC)</u>. AIHA-LAP, LLC programs are managed and conducted in full compliance with ISO/IEC 17011:2004.</p>
	Summary: Removal of reference to NACLA recognition; addition of reference to ILAC recognition	
1.1.2	<p>Maintaining an ongoing surveillance of laboratories participating in AIHA-LAP, LLC using criteria defined by specific program requirements detailed in Modules 2A-2F, Quality System Requirements and by their participation in AIHA Proficiency Analytical Testing Programs LLC Modules 6A-6F or an equivalent proficiency testing program approved by AIHA-LAP, LLC..</p>	<p>1.1.2 Maintaining an ongoing surveillance of laboratories participating in AIHA-LAP, LLC using criteria defined by specific program requirements detailed in Modules 2A-2F, Quality System Requirements and by their participation in <u>AIHA Proficiency Analytical Testing Programs LLC Modules 6A-6F or an equivalent</u> proficiency testing program approved by AIHA-LAP, LLC <u>as outlined in Module 6.</u></p>
	Summary: Removal of reference to submodules; Module 6 has been released as R0, with removal of all submodules A-F	

1.4	<p>Module 1 Accreditation Overview</p> <p>Module 2A General Management System Requirements</p> <p>Module 2B Industrial Hygiene Laboratory Accreditation Program (IHLAP) Specific Additional Requirements</p> <p>Module 2C Environmental Lead Laboratory Accreditation Program (ELLAP) Specific Additional Requirements</p> <p>Module 2D Environmental Microbiological Laboratory Accreditation Program (EMLAP) Specific Additional Requirements</p> <p>Module 2E RESERVED</p> <p>Module 2F Food Laboratory Accreditation Program (FoodLAP) Specific Additional Requirements</p> <p>Module 3 Accreditation, Maintenance and Reaccreditation Processes</p> <p>Module 4 Suspension, Revocation or Denial of Accreditation</p> <p>Module 5 Appeals Process</p> <p>Module 6 Module 6A Proficiency Testing (PT)</p> <p>Module 6B Proficiency Testing (PT) for Industrial Hygiene Laboratories</p> <p>Module 6C Proficiency Testing (PT) for Environmental Lead Laboratories</p> <p>Module 6D Proficiency Testing (PT) for Environmental Microbiological Laboratories</p> <p>Module 6E RESERVED</p> <p>Module 6F Proficiency Testing (PT) for Food Laboratories</p> <p>Module 7 Reference to Accreditation and Advertising Policy</p> <p>Module 8 Miscellaneous</p> <p>Module 9 Terms and Acronyms</p> <p>Appendix A IHLAP PT/Scope Table</p> <p>Appendix B ELLAP PT/Scope Table</p> <p>Appendix C EMLAP PT/Scope Table</p> <p>Appendix D FoodLAP PT/Scope Table</p> <p>Appendix E Compressed Air Proficiency Testing Protocol</p> <p>Appendix F Pharmaceutical Round Robin Protocol</p> <p>Appendix G Estimation of Uncertainty of Measurement</p> <p>Appendix H Traceability of Measurement</p>	<p>Module 1 Accreditation Overview</p> <p>Module 2A General Management System Requirements</p> <p>Module 2B Industrial Hygiene Laboratory Accreditation Program (IHLAP) Specific Additional Requirements</p> <p>Module 2C Environmental Lead Laboratory Accreditation Program (ELLAP) Specific Additional Requirements</p> <p>Module 2D Environmental Microbiological Laboratory Accreditation Program (EMLAP) Specific Additional Requirements</p> <p>Module 2E <u>Unique Scopes Specific Additional Requirements</u>RESERVED</p> <p>Module 2F Food Laboratory Accreditation Program (FoodLAP) Specific Additional Requirements</p> <p>Module 3 Accreditation, Maintenance and Reaccreditation Processes</p> <p>Module 4 Suspension, Revocation or Denial of Accreditation</p> <p>Module 5 Appeals Process</p> <p>Module 6 <u>Module 6A Proficiency Testing (PT) and Round Robin Programs</u></p> <p>Module 6B Proficiency Testing (PT) for Industrial Hygiene Laboratories</p> <p>Module 6C Proficiency Testing (PT) for Environmental Lead Laboratories</p> <p>Module 6D Proficiency Testing (PT) for Environmental Microbiological Laboratories</p> <p>Module 6E RESERVED</p> <p>Module 6F Proficiency Testing (PT) for Food Laboratories</p> <p>Module 7 Reference to Accreditation and Advertising Policy</p> <p>Module 8 Miscellaneous</p> <p>Module 9 Terms and Acronyms</p> <p>Appendix A <u>RESERVED IHLAP PT/Scope Table</u></p> <p>Appendix B <u>RESERVED ELLAP PT/Scope Table</u></p> <p>Appendix C <u>RESERVED EMLAP PT/Scope Table</u></p> <p>Appendix D <u>RESERVED</u></p> <p><u>FoodLAP PT/Scope Table</u></p> <p>Appendix E <u>RESERVED Compressed Air Proficiency Testing Protocol</u></p> <p>Appendix F <u>RESERVED Pharmaceutical Round Robin Protocol</u></p> <p>Appendix G Estimation of Uncertainty of Measurement</p> <p>Appendix H Traceability of Measurement</p>
	2A.4.9.1	<p>Addition for 2011 Policy Modules</p> <p>Summary: Addition of requirement that all non-conforming events, including those in PT, shall be recorded</p>
2A.4.9.2	<p>Addition for 2011 Policy Modules</p> <p>Summary: Addition of requirement that all non-conforming events, including those in PT, shall be recorded</p>	<p><u>2A.4.9.2 Any outlier from a PT, Round Robin, or Demonstration of Competency shall be addressed as a nonconforming event.</u></p>

2A.4.11.1	The laboratory documentation and records of all nonconforming events requiring corrective action shall include the determined cause(s) and corrective actions taken.	2A.4.11.1 The laboratory shall documentation and keep records of all nonconforming events <u>requiring corrective action shall include</u> , the determined cause(s), and corrective actions taken. <u>See ISO/IEC 17025:2005 4.9.2 and 17025:2005 4.13.1.1.</u>
Summary: Records of non-conforming events, including those in PT, shall be tied to the corrective action program when necessary		
2A.4.11.2	Addition for 2011 Policy Modules	<u>2A.4.11.2 Any PT or DOC round that leads to the NP status of a laboratory shall be addressed by the corrective action process.</u>
Summary: Records of non-conforming events, including those in PT that result in an NP, shall be tied to the corrective action program		
2A.4.13.2	All laboratory records shall be maintained for at least three (3) years.	<p>2A.4.13.2 All laboratory records shall be maintained for at least three (3) years.</p> <p><u>Records needed to support current laboratory activities shall be kept as long as necessary beyond 3 years. These records may include, but are not limited to:</u></p> <ul style="list-style-type: none"> • <u>Training/authorization records</u> • <u>Method validation records</u> • <u>Equipment maintenance records</u> • <u>Equipment/reference standard calibration records</u> • <u>Reference material certificates of analysis</u>
Summary: Examples of records that are kept beyond the required three years		
2A.5.2.1.3	Capitalized "Note:" to NOTE to match ISO convention.	
2A.5.2.1.4	<p>2A.5.2.1.4 Combined Positions The laboratory staff may consist of a Technical Manager, a Quality Manager, laboratory analyst(s), and technician(s), as needed. If a single individual serves in more than one position, then this individual must meet all position qualifications and responsibilities. If this individual also performs analytical work, then his/her analytical work must be reviewed on-site by a second qualified individual. See definition of "Qualified Individual (for data review)" in Module 9 – Glossary.</p> <p>Note: In large laboratories, a first line supervisor, however named, may be designated as a Technical Manager.</p>	<p>2A.5.2.1.4 Combined Positions The laboratory staff may consist of a Technical Manager, a Quality Manager, laboratory analyst(s), and technician(s), as needed. If a single individual serves in more than one position, then this individual must meet all position qualifications and responsibilities. If this individual also performs analytical work, then his/her analytical work must be reviewed on-site by a second qualified individual. See definition of "Qualified Individual (for data review)" in Module 9 – Glossary.</p> <p><u>Note:NOTE</u> In large laboratories, a first line supervisor, however named, may be designated as a Technical Manager.</p>
Summary: Removal on-site QC requirement; allows for one person labs in most instances		
2A.5.2.2	The laboratory shall have sufficient personnel to allow for all QA/QC to be performed on site. Quality Manager's responsibilities may be fulfilled by qualified designees.	<p>2A.5.2.2 The laboratory shall have sufficient personnel to allow for all QA/QC to be performed on-site. Quality Manager's responsibilities may be fulfilled by qualified designees.</p> <p><u>NOTE For microscopy tests, QA/QC requires review by a second qualified analyst or individual; refer to 2B, 2D, and 2F.</u></p>
Summary: Removal of on-site QA/QC requirement; allows for one person labs in most instances, with the exception of microscopy as listed		
2A.5.3.4	Capitalized "Note:" to NOTE to match ISO convention.	

2A.5.4.1	<p>Procedures recommended by the Environmental Protection Agency (EPA), the National Institute for Occupational Safety and Health (NIOSH), ASTM International (formerly American Society for Testing and Materials), AOAC International (formerly Association of Official Analytical Chemists), the American Public Health Association (APHA), the Occupational Safety and Health Administration (OSHA), or other national or international agencies may be acceptable if the laboratory has verified acceptable method performance applicable to the FoT. Alternate procedures and/or modifications of existing methods may be used if they have been validated and documented by the laboratory.</p>	<p>2A.5.4.1 <u>Standard methods, procedures, and modifications of standard methods and procedures may be acceptable if the laboratory has verified acceptable method performance applicable to the FoT. Standard methods and procedures are recommended by the Environmental Protection Agency (EPA), the National Institute for Occupational Safety and Health (NIOSH), ASTM International (formerly American Society for Testing and Materials), AOAC International (formerly Association of Official Analytical Chemists), the American Public Health Association (APHA), the Occupational Safety and Health Administration (OSHA), or other national or international agencies may be acceptable if the laboratory has verified acceptable method performance applicable to the FoT. Alternate procedures and/or modifications of existing methods may be used if they have been validated and documented by the laboratory.</u></p>
<p>Summary: Addition of requirement for <i>verification</i> of standard methods that have been modified</p>		
2A.5.4.2	<p>Addition for 2011 Policy Modules</p>	<p>2A.5.4.2 <u>Laboratory-developed methods and non-standard methods may be used if the laboratory 1) had developed and documented procedures covering the topics a-k contained in the note in ISO/IEC 17025:2005, Section 5.4.4; and 2) has validated the method, covering the following topics as appropriate: minimum acceptance criteria, analyte specificity, linearity, range, accuracy, precision, detection limit, quantification limit, stability of reagents, interlaboratory precision, and analysis robustness.</u></p>
<p>Summary: Addition of requirement for <i>validation</i> of methods that are laboratory-developed or otherwise non-standard</p>		
2A.5.4.3	<p>Previously 2A.5.4.2</p>	
2A.5.4.4	<p>Previously 2A.5.4.3</p>	
2A.5.4.5	<p>Previously 2A.5.4.4</p>	
2A.5.4.6	<p>Previously 2A.5.4.5</p>	
2A.5.4.7	<p>Previously 2A.5.4.6</p>	
2A.5.10.3	<p>Test results not covered under AIHA-LAP, LLC accreditation shall be clearly identified on the final test report.</p>	<p>2A.5.10.3 <u>If the laboratory chooses to include a reference to their AIHA-LAP, LLC accreditation (symbol/Logo or accreditation number) on their test report, any test results not covered under AIHA-LAP, LLC accreditation shall be clearly identified on the report. If the laboratory chooses not to include a reference to AIHA-LAP, LLC accreditation on their test reports and performs both AIHA-LAP, LLC accredited testing with other non-recognized testing, these final test results must clearly show what results are recognized under AIHA-LAP, LLC accreditation and which do not. Test results not covered under AIHA-LAP, LLC accreditation shall be clearly identified on the final test report.</u></p>
<p>Summary: If a test report from an accredited lab contains a reference to accreditation, non-accredited test must be identified; if the test report does not contain a reference to accreditation, those tests covered under the accreditation must be delineated from those that are not</p>		
2B.1	<p>The American Industrial Hygiene Association Laboratory Accreditation Programs (AIHA-LAP), LLC's Industrial Hygiene Laboratory Accreditation Program (IHLAP) is intended for accreditation of industrial hygiene laboratories. Laboratory accreditation in this program is based upon a review of the laboratory management systems as defined in Module 2A and this program specific module, and successful participation in AIHA Proficiency Analytical Testing (AIHA PAT) Programs, LLC or an equivalent proficiency testing program approved by AIHA-LAP, LLC such as defined in Modules 6A and 6B.</p> <p>For purposes of this program, an industrial hygiene laboratory is defined as a laboratory that analyzes samples or materials</p>	<p>2B.1 SCOPE The American Industrial Hygiene Association Laboratory Accreditation Programs (AIHA-LAP), LLC's Industrial Hygiene Laboratory Accreditation Program (IHLAP) is intended for accreditation of industrial hygiene laboratories. Laboratory accreditation in this program is based upon a review of the laboratory management systems as defined in Module 2A and this program specific module, and successful participation in AIHA Proficiency Analytical Testing (AIHA PAT) Programs, LLC or an equivalent proficiency testing program approved by AIHA-LAP, LLC such as defined in Modules 6A and 6B.</p> <p>For purposes of this program, an industrial hygiene laboratory is defined as a laboratory that analyzes samples or materials for the purpose of evaluating occupational exposure or contamination resulting from occupational activities. Available Fields of Testing (FoTs) and corresponding PT requirements for the IHLAP are detailed in <u>the Appendix A – IHLAP Scope /PT Table</u> maintained on the AIHA-LAP, LLC web site (www.aihaaccreditedlabs.org).</p>

	for the purpose of evaluating occupational exposure or contamination resulting from occupational activities. Available Fields of Testing (FoTs) and corresponding PT requirements for the IHLAP are detailed in <i>Appendix A - IHLAP Scope /PT Table</i> maintained on the AIHA-LAP, LLC web site (www.aihaaccreditedlabs.org).	
	Summary: Removal of reference to submodules; Module 6 has been released as R0, with removal of all submodules A-F	
2B.5.1.3	All laboratories are required to participate in a fiber counting round robin program consistent with the requirements outlined in Policy Module 6A.3.2.	2B.5.1.3 All laboratories are required to participate in a fiber counting round robin program consistent with the requirements outlined in Policy Module 6A.3.2 .
	Summary: Removal of reference to submodules; Module 6 has been released as R0, with removal of all submodules A-F	
2B.6	<p>Accreditation for compressed/breathing air testing in the IHLAP is intended for all laboratories, company, government, trade and independent, performing air tests on samples of compressed and/or breathing air. Typically, these samples come from compressed air sources, but may be from ambient air as well. Fire departments, divers, hospitals and commercial industry use breathing air from compressed gas sources. OSHA, National Fire Protection Association (NFPA), Compressed Gas Association (CGA), Professional Association of Diving Instructors (PADI) plus many others have specifications for the requirements of compressed/breathing air.</p> <p>Laboratories seeking accreditation for compressed/breathing air testing shall adhere to the management system requirements as defined in Module 2A and this program specific module, Sections 2B.1 through 2B.4 (as applicable) and Appendix E – Protocol for Compressed Air Proficiency Testing (CAPT) Program, with the following exceptions:</p>	<p>2B.6 COMPRESSED/BREATHING AIR TESTING Accreditation for compressed/breathing air testing in the IHLAP is intended for all laboratories, company, government, trade and independent, performing air tests on samples of compressed and/or breathing air. Typically, these samples come from compressed air sources, but may be from ambient air as well. Fire departments, divers, hospitals and commercial industry use breathing air from compressed gas sources. OSHA, National Fire Protection Association (NFPA), Compressed Gas Association (CGA), Professional Association of Diving Instructors (PADI) plus many others have specifications for the requirements of compressed/breathing air.</p> <p>Laboratories seeking accreditation for compressed/breathing air testing shall adhere to the management system and quality system requirements as defined in Module 2A and this program specific Module 2B, Sections 2B.1 through 2B.4 (as applicable) and Appendix E – Protocol for Compressed Air Proficiency Testing (CAPT) Program, with the following exceptions:</p>
	Summary: Addition of adherence to “quality system” requirements; removal of reference to Appendices that have been removed from Policy	
2B.6.2	A calibration curve shall be constructed with a minimum of three (3) calibration standards which bracket the expected sample concentrations and a calibration blank. If a full calibration curve is not run each 24-hour period, then a single point calibration in the range of the three (3) point calibration curve can be used. Validity of this one (1) point calibration must be checked at least once for each 24-hour period with an additional calibration standard that falls within the three (3) point range. Acceptance criteria for the standard calibration curve shall be documented. These requirements supersede the requirements of this module, Section 2B.4.4.	2B.6.2 A calibration curve shall be constructed with a minimum of three (3) calibration standards which bracket the expected sample concentrations and a calibration blank . If a full calibration curve is not run each 24-hour period, then a single point calibration in the range of the three (3) point calibration curve can be used. Validity of this one (1) point calibration must be checked at least once for each 24-hour period with an additional calibration standard that falls within the three (3) point range. Acceptance criteria for the standard calibration curve shall be documented. These requirements supersede the requirements of this module, Section 2B.4.4.
	Summary: Removal of the requirement for a calibration blank, as the concentrations of interest for oxygen, nitrogen and carbon dioxide are too far above zero for a blank to be a meaningful part of the calibration curve	

2B.8	<p>Accreditation for pharmaceutical testing is intended for industrial hygiene laboratories that develop methods and analyze samples for the purpose of evaluating potential occupational exposure to pharmaceutical compounds in the workplace. Laboratories seeking accreditation for pharmaceutical testing shall adhere to the management system and quality system requirements as defined in Module 2A, this program specific module, Sections 2B.1 through 2B.4 (as applicable), and <i>Appendix F - Protocol for Pharmaceutical Round Robin Proficiency Testing Program</i> maintained on the AIHA-LAP, LLC web site (www.aihaaccreditedlabs.org)</p>	<p>2B.8 PHARMACEUTICAL TESTING Accreditation for pharmaceutical testing is intended for industrial hygiene laboratories that develop methods and analyze samples for the purpose of evaluating potential occupational exposure to pharmaceutical compounds in the workplace. Laboratories seeking accreditation for pharmaceutical testing shall adhere to the management system <u>and quality system</u> requirements as defined in Module 2A, this program specific module, Sections 2B.1 through 2B.4 (as applicable), and Appendix F - Protocol for Pharmaceutical Round Robin Proficiency Testing Program maintained on the AIHA-LAP, LLC web site (www.aihaaccreditedlabs.org).</p> <p><u>Successful participation in the Pharmaceutical Round Robin Proficiency Testing Program, or other equivalent program approved by AIHA-LAP, is required in accordance with the requirements defined in Module 6. The Pharmaceutical Round Robin Proficiency Testing Program is designed to share samples among participating laboratories to document that accurate analytical results can be generated by independent analysts following documented procedures. As a round robin program, each laboratory takes turns being the lead laboratory and coordinating the testing round.</u></p>
<p>Summary: Addition of adherence to “quality system” requirements; removal of reference to Appendices that have been removed from Policy Addition based on current Policy 6B5.2 and Appendix F 5.1, regarding required participation in the Pharmaceutical Round Robin</p>		
2B.8.1	<p>Addition for 2011 Policy Modules</p>	<p>2B.8.1 Sample Handling and Preparation <u>Due to the increasing potency of pharmaceutical industrial hygiene samples and the unique hazards this poses, the following procedures shall apply to both proficiency samples and client samples.</u></p> <ul style="list-style-type: none"> <u>a) Sample handling procedures shall ensure the safety of all employees handling pharmaceutical industrial hygiene samples.</u> <u>b) Sample handling procedures shall minimize cross contamination.</u> <u>c) Samples shall be extracted using in-situ extraction procedures.</u> <u>d) Effective decontamination and cleanup procedures shall be followed.</u>
<p>Summary: Addition based on current Appendix F 4.1.1; this Appendix has been removed from Policy</p>		
2C.1	<p>The American Industrial Hygiene Association Laboratory Accreditation Programs (AIHA-LAP), LLC’s Environmental Lead Laboratory Accreditation Program (ELLAP) is intended for accreditation of laboratories performing lead analysis in the following Fields of Testing (FoTs): airborne particulates, dust wipes, paint chips and soil. A FoT may also be referred to as a “matrix” in this module. Laboratory accreditation in this program is based upon a review of the laboratory management systems as defined in Module 2A and this program specific module, and successful participation in the appropriate proficiency testing program defined in Modules 6A and 6C.</p>	<p>2C.1 SCOPE The American Industrial Hygiene Association Laboratory Accreditation Programs (AIHA-LAP), LLC’s Environmental Lead Laboratory Accreditation Program (ELLAP) is intended for accreditation of laboratories performing lead analysis in the following Fields of Testing (FoTs): airborne particulates, dust wipes, paint chips and soil. A FoT may also be referred to as a “matrix” in this module. Laboratory accreditation in this program is based upon a review of the laboratory management systems as defined in Module 2A and this program specific module, and successful participation in the appropriate proficiency testing program defined in Modules 6A and 6C.</p>
<p>Summary: Removal of reference to submodules; Module 6 has been released as R0, with removal of all submodules A-F</p>		
2C.4.1	<p>Each method under consideration for analytical testing shall demonstrate a reporting limit (at least twice the method detection limit, MDL) equal to or less than 20% of the lowest relevant action level or regulatory limit of interest, except for lead wipes. The reporting limit for lead wipes must be equal to or less than 50% of the lowest relevant action limit. As of the revision date of this policy module, national limits of interest are: paint = 0.06%; soil = 400 ppm; wipe = 40 ug/ft². State regulatory limits may be lower than national limits. Applicable state limits must be checked before analyzing samples.</p>	<p>2C.4.1 Each method under consideration for analytical testing shall demonstrate a reporting limit (at least twice the method detection limit, MDL) equal to or less than 20% of the lowest relevant action level or regulatory limit of interest, except for lead wipes. The reporting limit for lead wipes must be equal to or less than 50% of the lowest relevant action limit. As of the revision date of this policy module, national limits of interest are: paint = 0.0096%; soil = 400 ppm; wipe = 40 ug/ft²<u>National limits of interest may be found in 40 CFR 745 for activities related to lead-based paint in housing and in 16 CFR 1303 for activities related to lead in paint in consumer products.</u> State regulatory limits may be lower than national limits. Applicable state limits must be checked before analyzing samples.</p>

	Summary: Removal of specific national limits of interest; Addition of source documents of regulatory limits of interest for specific lead testing	
2C.4.12	Addition for 2011 Policy Modules	<u>2C.4.12 For composited wipes, all requirements for wipes listed in Policy Module 2C apply, but with the additional requirement that each batch of samples and associated QC samples shall contain the same number of wipes, i.e. composited samples that contain two wipes are to be analyzed in a batch containing QC samples to which two wipes were added as matrix.</u>
	Summary: Addition of requirement that QC samples contain the same number of wipes, based on addition of composited wipes as a Field of Testing under ELLAP	
2C.4.13	Previously 2C.4.12	
2C.4.14	Previously 2C.4.13	
2D.1	<p>AIHA Laboratory Accreditation Programs (AIHA-LAP), LLC's Environmental Microbiological Laboratory Accreditation Program (EMLAP) is intended for accreditation of microbiological laboratories specializing in the analysis of microorganisms commonly detected in air (e.g., spore trapping), surface (e.g., tape lifts, swabs, wipes), and bulk (e.g., dust, liquids, building materials) samples collected from schools, hospitals, offices, industrial, agricultural and other work environments. Laboratory accreditation in this program is based upon a review of the laboratory management systems as defined in Module 2A and this program specific module, and successful participation in AIHA PAT, LLC Programs EMPAT program (www.aihapat.org) or an equivalent proficiency testing program approved by AIHA-LAP, LLC.</p> <p>Available FoTs and corresponding PT for the EMLAP must meet the requirements detailed in <i>Appendix C - EMLAP Scope Table</i> maintained on the AIHA web site (www.aihaaccreditedlabs.org).</p>	<p>2D.1 SCOPE AIHA Laboratory Accreditation Programs (AIHA-LAP), LLC's Environmental Microbiological Laboratory Accreditation Program (EMLAP) is intended for accreditation of microbiological laboratories specializing in the analysis of microorganisms commonly detected in air (e.g., spore trapping), surface (e.g., tape lifts, swabs, wipes), and bulk (e.g., dust, liquids, building materials) samples collected from schools, hospitals, offices, industrial, agricultural and other work environments. Laboratory accreditation in this program is based upon a review of the laboratory management systems as defined in Module 2A and this program specific module, and successful participation in AIHA PAT, LLC Programs EMPAT program (www.aihapat.org) or an equivalent proficiency testing program approved by AIHA-LAP, LLC.</p> <p>Available FoTs and corresponding PT for the EMLAP must meet the requirements detailed in <u>the EMLAP section of the Appendix C EMLAP Scope Table</u> maintained on the AIHA web site (www.aihaaccreditedlabs.org).</p>
	Summary: Removal of reference to Appendices that have been removed from Policy	
2D.3.1.2.1	The microscope/magnification system for non-fluorescence microscopy shall consist of one of the following:	2D.3.1.2.1 The microscope/magnification system <u>for non-fluorescence microscopy</u> shall consist of one of the following:
	Summary: Addition indicating these requirements are for non-fluorescence microscopy only, based on addition 2D3.1.2.3	
2D.3.1.2.2	Formerly 2D.3.1.2.3 (with addition)	2D.3.1.2.2 Each <u>non-fluorescence</u> microscope shall have an ocular micrometer which is checked annually with a stage micrometer.
	Summary: Addition indicating these requirements are for non-fluorescence microscopy only, based on addition 2D3.1.2.3	
2D.3.1.2.3	Addition for 2011 Policy Modules	2D.3.1.2.3 <u>A microscope used for fluorescence microscopy shall have a non-immersion objective of at least 40X magnification, and shall be used in conjunction with oculars of at least 10X magnification.</u>
	Summary: Addition of requirements for fluorescence microscopy, per the addition of Legionella as a Field of Testing under EMLAP	
2D.3.1.2.4	Formerly 2D.3.1.2.2 (no change)	2D.3.1.2.4 The alignment of each microscope/magnification system shall be documented for each day of use.

2D.4.1.4	Training records for the Technical Manager shall include documentation of ability to identify genus/group of fungi from spore trap analysis and genus/species of fungi that are reported. Bacterial identification training records shall document training of relevant diagnostic procedures (e.g., gram stain, oxidase, biochemical reactions) as appropriate to the FoT(s).	2D.4.1.4 Training records for the Technical Manager shall include documentation of ability to identify genus/group of fungi from spore trap analysis and genus/species of fungi that are reported. Bacterial identification training records shall document training of relevant diagnostic procedures (e.g., gram stain, oxidase, biochemical reactions) as appropriate to the FoT(s). <u>Legionella training records must include documentation of relevant diagnostic procedure (ability to recognize presumptive colonies, confirmation using DFA, latex agglutination, or molecular methods).</u>
Summary: Additional requirements for Technical Manager training records for adding Legionella as an accredited Field of Testing under EMLAP		
2D.4.2.3	Training records for technicians and analysts shall include documentation of ability to identify genus/species of fungi and genus/group of fungi that are reported. Bacterial identification training records shall document training of relevant diagnostic procedures (e.g., gram stain, oxidase, biochemical reactions). All analysts and technicians shall have demonstrated ability to produce reliable results through accurate analysis of certified reference materials (CRMs), proficiency testing samples or in-house quality control samples. This demonstration shall be performed and documented at a minimum of every six (6) months.	2D.4.2.3 Training Records Training records for technicians and analysts shall include documentation of ability to identify genus/species of fungi and genus/group of fungi that are reported. Bacterial identification training records shall document training of relevant diagnostic procedures (e.g., gram stain, oxidase, biochemical reactions). <u>Legionella training records must include documentation of relevant diagnostic procedure (ability to recognize presumptive colonies, confirmation using DFA, latex agglutination, or molecular methods).</u> All analysts and technicians shall have demonstrated ability to produce reliable results through accurate analysis of certified reference materials (CRMs), proficiency testing samples or in-house quality control samples. This demonstration shall be performed and documented at a minimum of every six (6) months.
Summary: Additional requirements for Analyst and Technician training records for adding Legionella as an accredited Field of Testing under EMLAP		
2D.5.1	The laboratory shall have written Standard Operating Procedures (SOPs), in accordance with the requirements of Module 2A, for the following: collection, transport, processing and analysis of samples; determining minimum reporting limits for each quantitative or semi-quantitative method; appropriate retention, waste treatment and disposal of environmental microbial samples; the identification of fungi and/or bacteria; identification of fungal spores and structures; and biosafety and decontamination for the applicable FoT(s).	2D.5.1 General The laboratory shall have written Standard Operating Procedures (SOPs), in accordance with the requirements of Module 2A, for the following: collection, transport, processing and analysis of samples; determining <u>minimum reporting limits analytical sensitivities</u> for each quantitative or semi-quantitative method; appropriate retention, waste treatment and disposal of environmental microbial samples; the identification of fungi and/or bacteria; identification of fungal spores and structures; and biosafety and decontamination for the applicable FoT(s).
Summary: Removal of “collection and transport” requirements that are not applicable for the other programs; change of “reporting limits” to “analytical sensitivities” due to the nature of the method		
2D.6.1.1	Compliance with acceptable quality assurance, quality control guidelines for microbiology laboratories, such as APHA-AWWA-WPCF guidelines in <i>Standard Methods for the Examination of Water and Wastewater</i> , 21 st Edition, APHA, 2005; <i>The Manual of Environmental Microbiology</i> , ASM, 2002, 2 nd Edition, or equivalent national guidelines for foreign laboratories.	2D.6.1.1 Compliance with acceptable quality assurance <u>and</u> , quality control guidelines for microbiology laboratories, such as APHA-AWWA-WPCF guidelines in <i>Standard Methods for the Examination of Water and Wastewater</i> , 21st Edition, APHA, 2005; <i>The Manual of Environmental Microbiology</i> , ASM, 2002, 2nd Edition, or equivalent national guidelines for foreign laboratories.
Summary: Removal of specific additions of these reference materials, since any edition is presumed to be applicable		
2D.6.3.2	For the Fungal Direct Examination Air FoT, the laboratory shall participate in and have documentation of a round robin slide exchange of real samples consistent with the requirements of AIHA-LAP, LLC Policy 6A.3.2. The following are additional requirements:	2D.6.3.2 For the Fungal Direct Examination Air FoT, the laboratory shall participate in and have documentation of a round robin slide exchange of real samples consistent with the requirements of AIHA-LAP, LLC Policy <u>Module 6A-3-2</u> . The following are additional requirements:
Summary: Removal of reference to submodules; Module 6 has been released as R0, with removal of all submodules A-F		
2E	Addition for the 2011 Policy Modules Unique Scope	

2F.1	<p>2F.1 SCOPE</p> <p>The American Industrial Hygiene Association Laboratory Accreditation Programs (AIHA-LAP), LLC's Food Laboratory Accreditation Program (FoodLAP) is intended for all laboratory, company, government, trade, and independent organizations that perform tests on food products and associated ingredients, including but not limited to, raw agricultural commodities, finished food product, ingredients, in-process samples and associated environmental samples. Food testing laboratories may become accredited for any or all of the Fields of Testing (FoT) in the following testing areas: Chemistry, Microbiology and Residue Chemistry (see Appendix D - FoodLAP Scope/PT Table, for a list of AIHA-LAP, LLC-approved proficiency testing providers, maintained on the web site, www.aihaaccreditedlabs.org). Food laboratories performing microbiological testing may perform qualitative and/or quantitative analyses for bacteria, yeasts, fungi, protozoa, and viruses. The microbiological procedures may include testing of pathogens such as <i>Salmonella species</i>, <i>Staphylococcus aureus</i>, <i>Listeria monocytogenes</i> and <i>Bacillus cereus</i>, <i>E. coli</i> O157:H7 and other sanitation-related tests (e.g., fecal coliform). Food laboratories performing chemical analyses may perform tests such as fat, protein, salt, vitamins and minerals content, associated with nutritional labeling. Residue chemistry testing laboratories may focus on analysis of halogenated hydrocarbons, pesticides, sulfonamides, nitrosamines, and toxic elements.</p> <p>The requirements listed here, and in Modules 2A, 6A and 6F, are not intended to replace or supersede any laboratory requirements specified in other Food Laboratory recognition programs, such as Federal or State programs, that AIHA-LAP, LLC laboratories may participate in. Such requirements shall remain in effect, in addition to the AIHA-LAP, LLC program requirements, for those laboratories participating in the AIHA-LAP, LLC Food Laboratory Accreditation Program and an approved food proficiency testing program from Appendix D.</p>	<p>2F.1 SCOPE</p> <p>The American Industrial Hygiene Association Laboratory Accreditation Programs (AIHA-LAP), LLC's Food Laboratory Accreditation Program (FoodLAP) is intended for all laboratory, company, government, trade, and independent organizations that perform tests on food products and associated ingredients, including but not limited to, raw agricultural commodities, finished food product, ingredients, in-process samples and associated environmental samples. Food testing laboratories may become accredited for any or all of the Fields of Testing (FoT) in the following testing areas: Chemistry, Microbiology and Residue Chemistry (see Appendix D - FoodLAP Scope/PT Table, for a list of AIHA-LAP, LLC-approved proficiency testing providers, maintained on see the web site, www.aihaaccreditedlabs.org). Food laboratories performing microbiological testing may perform qualitative and/or quantitative analyses for bacteria, yeasts, fungi, protozoa, and viruses. The microbiological procedures may include testing of pathogens such as <i>Salmonella species</i>, <i>Staphylococcus aureus</i>, <i>Listeria monocytogenes</i> and <i>Bacillus cereus</i>, <i>E. coli</i> O157:H7 and other sanitation-related tests (e.g., fecal coliform). Food laboratories performing chemical analyses may perform tests such as fat, protein, salt, vitamins and minerals content, associated with nutritional labeling. Residue chemistry testing laboratories may focus on analysis of halogenated hydrocarbons, pesticides, sulfonamides, nitrosamines, and toxic elements.</p> <p>The requirements listed here, and in Modules 2A, 6A and 6F, are not intended to replace or supersede any laboratory requirements specified in other Food Laboratory recognition programs, such as Federal or State programs, that AIHA-LAP, LLC laboratories may participate in. Such requirements shall remain in effect, in addition to the AIHA-LAP, LLC program requirements, for those laboratories participating in the AIHA-LAP, LLC Food Laboratory Accreditation Program and an approved food proficiency testing program from Appendix D.</p>
	Summary: Removal of reference to submodules; Module 6 has been released as R0, with removal of all submodules A-F; removal of reference to Appendices that have been removed from Policy	
3.1.6	The laboratory shall be rated proficient in accordance with the requirements of Policy Module 6A, Sections 6A.2.7 and 6A.3.6 in each Field of Testing (FoT) for which accreditation is sought at the time of the AAB ballot vote for accreditation.	<p>3.1.6 The laboratory shall be rated proficient in accordance with the requirements of Policy Module 6A, Sections 6A.2.7 and 6A.3.6 in each Field of Testing (FoT) for which accreditation is sought at the time of the AAB ballot vote for accreditation.</p>
	Summary: Removal of reference to submodules; Module 6 has been released as R0, with removal of all submodules A-F	

3.2	<p>Successful participation in applicable proficiency testing programs is required to qualify for accreditation. Consistent with their scope of accreditation, laboratories are required to analyze all proficiency testing samples as defined in AIHA-LAP, LLC Policy Modules 6A – 6F, and Appendices A-F by AIHA PAT Programs or an equivalent proficiency testing program approved by AIHA-LAP, LLC. The laboratory shall have a documented policy regarding participation in proficiency testing programs. Proficiency testing samples shall be analyzed on-site in a manner similar to customer samples. Results or analysis of proficiency samples shall not be discussed with other laboratories until the results have been publicly made available. The cost of proficiency testing programs shall be borne by the participating laboratory.</p>	<p>3.2 PROFICIENCY TESTING Successful participation in applicable proficiency testing programs is required to qualify for accreditation. Consistent with their scope of accreditation, laboratories are required to analyze all proficiency testing samples as defined in AIHA-LAP, LLC Policy Modules 6A—6F, and Appendices A-F by AIHA PAT Programs, <u>LLC</u> or an equivalent proficiency testing program approved by AIHA-LAP, LLC. The laboratory shall have a documented policy regarding participation in proficiency testing programs. Proficiency testing samples shall be analyzed on-site in a manner similar to customer samples. Results or analysis of proficiency samples shall not be discussed with other laboratories until the results have been publicly made available. The cost of proficiency testing programs shall be borne by the participating laboratory.</p>
<p>Summary: Removal of reference to submodules; Module 6 has been released as R0, with removal of all submodules A-F</p>		
3.5.3	<p>Addition for 2011 Policy Modules</p>	<p><u>3.5.3 The site assessor may recommend, via the site assessment report and/or request for additional information form, an immediate suspension of the laboratory due to an excessive number of deficiencies that show a serious disregard for AIHA-LAP, LLC policies, or a large number of repeat deficiencies. In such events, the site assessor must complete the assessment and discuss the recommendation for immediate suspension with the laboratory management either before or during the closing conference. The site assessor must notify the AIHA-LAP, LLC management and Chief Site Assessor of the request for suspension immediately after the closing conference. The request must be approved by the Chief Site Assessor and the Executive Committee of the AAB, prior to going to the full AAB for vote. The policies defined in AIHA-LLP, LLC Module 4 shall be followed. Initial assessments with egregious deficiencies may be converted to pre-assessments at the laboratory's request.</u></p>
<p>Summary: Addition of option for immediate suspension of a laboratory during site assessment</p>		
3.5.4	Formerly 3.5.3 (no change)	
3.5.5	Formerly 3.5.4 (no change)	
3.5.6	Formerly 3.5.5 (no change)	
3.5.7	Formerly 3.5.6 (no change)	
3.5.8	Formerly 3.5.7 (no change)	
3.5.9	Formerly 3.5.8 (no change)	

<p>3.5.10</p>	<p>Formerly 3.5.9 (with change) A <i>Surveillance Site Assessment</i> is a site assessment performed between routinely scheduled assessments and after the granting of accreditation or reaccreditation. It may be a full assessment or focus on specific programs or problem areas. Surveillance site assessments may be required due to a credible complaint, high personnel turnover, a large number of deficiencies during the most recent routine assessment, repeat deficiencies, poor proficiency testing performance, or any other reason(s) that call into question the laboratory's compliance with accreditation requirements. The Analytical Accreditation Board may request a surveillance visit as a condition of the granting of accreditation. Surveillance visits may be announced or unannounced. For announced surveillance assessments, the laboratory will bear all costs associated with the site assessment based upon a predetermined fee schedule. Surveillance visits follow the same processes outlined in 3.5.1 to 3.5.7, but are typically limited to one day and may be extended at AIHA-LAP/ the site assessor's discretion. The surveillance assessment focuses on those issues outstanding from the scenarios listed above, but the laboratory may have new deficiencies cited; the laboratory may also choose to extend their scope of accreditation within an accredited program during surveillance. The laboratory is typically limited to one deficiency response, but may be allowed an additional opportunity to respond at the site assessor's discretion. A laboratory must respond to all deficiencies found during a surveillance assessment in order for the site assessor to recommend that they maintain their accreditation status.</p> <p>All initially accredited laboratories shall be contacted for site assessment assignment and scheduling within six to nine months of their approval by the AAB, and undergo an on-site surveillance assessment within twelve (12) months of their approval. The surveillance assessment process will be as detailed above and all costs shall be borne by the laboratory.</p>	<p>3.5.109A <i>Surveillance Site Assessment</i> is a site assessment performed between routinely scheduled assessments and after the granting of accreditation or reaccreditation. It may be a full assessment or focus on specific programs or problem areas. Surveillance site assessments may be required due to a credible complaint, high personnel turnover, a large number of deficiencies during the most recent routine assessment, repeat deficiencies, poor proficiency testing performance, or any other reason(s) that call into question the laboratory's compliance with accreditation requirements. The Analytical Accreditation Board may request a surveillance visit as a condition of the granting of accreditation. Surveillance visits may be announced or unannounced. For announced surveillance assessments, the laboratory <u>shall be contacted for site assessment assignment and scheduling within six (6) to nine (9) months of their approval by the AAB and</u> will bear all costs associated with the site assessment based upon a predetermined fee schedule. <u>Surveillance visits follow the same processes outlined in 3.5.1 to 3.5.8, but are typically limited to one day and may be extended at AIHA-LAP/ the site assessor's discretion. The surveillance assessment focuses on those issues outstanding from the scenarios listed above, but the laboratory may have new deficiencies cited; the laboratory may also choose to extend their scope of accreditation within an accredited program during surveillance. The laboratory is typically limited to one deficiency response, but may be allowed an additional opportunity to respond at the site assessor's discretion.</u> A laboratory must respond to all deficiencies found during a surveillance assessment in order to <u>for the site assessor to recommend that they</u> maintain their accreditation status.</p> <p>All initially accredited laboratories shall <u>be contacted for site assessment assignment and scheduling within six to nine months of their approval by the AAB, and</u> undergo an on-site surveillance assessment within twelve (12) months of their approval by the AAB. <u>The surveillance assessment process will be as detailed above and all</u> costs shall be borne by the laboratory.</p>
<p>Summary: Addition of more detail to Policy reference to surveillance process</p>		
<p>3.7.2</p>	<p>If at the time of AAB ballot vote, a laboratory is non-proficient for any FoT(s) for which it is seeking accreditation or reaccreditation (as per Modules 6A through 6D), but has met all other accreditation requirements, then the following shall apply. In all cases, proficiency must be attained within twelve (12) months from the date of receipt of the application by the AIHA-LAP, LLC or the laboratory's application for the FoT(s) not meeting accreditation requirements, inclusive of proficiency, will be removed from consideration (see Section 3.1).</p>	<p>3.7.2 Proficiency at Time of AAB Ballot If at the time of AAB ballot vote, a laboratory is non-proficient for any FoT(s) for which it is seeking accreditation or reaccreditation (as per Modules 6A through 6D), but has met all other accreditation requirements, then the following shall apply. In all cases, proficiency must be attained within twelve (12) months from the date of receipt of the application by the AIHA-LAP, LLC or the laboratory's application for the FoT(s) not meeting accreditation requirements, inclusive of proficiency, will be removed from consideration (see Section 3.1).</p>
<p>Summary: Removal of reference to submodules; Module 6 has been released as R0, with removal of all submodules A-F</p>		

3.8.2	Accredited laboratories shall maintain proficiency for all applicable FoTs as defined in Modules 6B – 6F. If a laboratory becomes non-proficient in a specific FoT(s), based on proficiency testing sample performance, and there is no retest sample available, then its accredited status for the FoT(s) in question shall be suspended immediately.	<p>3.8.2 Maintenance of Proficiency Accredited laboratories shall maintain proficiency for all applicable FoTs as defined in Module 6s 6B–6F. If a laboratory becomes non-proficient in a specific FoT(s), based on proficiency testing sample performance, and there is no retest sample available, then its accredited status for the FoT(s) in question shall be suspended immediately.</p>
Summary: Removal of reference to submodules; Module 6 has been released as R0, with removal of all submodules A-F		
3.9	An accredited laboratory that wishes to add a new Field of Testing (FoT) shall determine how competency for that FoT will be demonstrated. Refer to Policy Module 6A-F and Appendices A-F to make this determination. Competency shall be demonstrated prior to applying for the new FoT. The laboratory shall submit an updated application to AIHA-LAP, LLC staff that includes equipment verification information (reporting limit verification, standard curve, QC analyses), a test method, appropriate traceability, estimation of uncertainty of measurement, evidence of analyst competency, and required demonstrations of competency associated with the addition of the new FoT.	<p>3.9 ADDITION OF A FIELD OF TESTING (FoT) An accredited laboratory that wishes to add a new Field of Testing (FoT) shall determine how competency for that FoT will be demonstrated. Refer to Policy Module 6A-F and Appendices A-F and PT/Scope Table to make this determination. Competency shall be demonstrated prior to applying for the new FoT. The laboratory shall submit an updated application to AIHA-LAP, LLC staff that includes equipment verification information (reporting limit verification, standard curve, QC analyses), a test method, appropriate traceability, estimation of uncertainty of measurement, evidence of analyst competency, and required demonstrations of competency associated with the addition of the new FoT.</p>
Summary: Removal of reference to submodules; Module 6 has been released as R0, with removal of all submodules A-F; removal of reference to Appendices that have been removed from Policy		
4.2.2	Addition for 2011 Policy Modules	<p>4.2.2 <u>AIHA-LAP, LLC management, upon recommendation of suspension, shall contact the laboratory for a written submission of its position as to why suspension is not warranted, to be sent to those group(s) reviewing the suspension and ultimately the AAB, prior to the initiation of Policy below. Response to be submitted to AIHA-LAP, LLC within 5 business days.</u></p> <p><u>NOTE The AAB may request additional information as deemed necessary via follow up questions, telephone interview, etc.</u></p>
Summary: Addition of “due process” for laboratory in the suspension process; submission due in five (5) business days		
4.2.4	Formerly 4.2.3 (with addition)	4.2.3 <u>4.2.4</u> Subject to Section <u>4.2.2 Aa</u> laboratory’s accreditation status for any or all FoTs shall be immediately suspended upon notification of the initiation of the revocation process.
4.2.5	Formerly 4.2.4 (no change)	
4.2.6	Formerly 4.2.5 (no change)	
4.2.7	Formerly 4.2.6 (with addition)	<p>4.2.6 <u>4.2.7</u> During the suspension, the laboratory may not advertise that it is accredited for the suspended FoT(s). The laboratory may advertise that it is accredited in other FoT(s), but must advise their customers that analyses within the suspended FoT(s) are not covered under AIHA-LAP, LLC accreditation. This notification shall be given to the customer upon receipt of the sample(s) and noted on the report. Additionally, <u>upon the change of the laboratory’s accreditation status for the accreditation/FoT(s) in question, these accreditation/FoT(s) will be removed from the listing of accredited laboratories on the AIHA-LAP, LLC web site, the laboratory’s accreditation status for the FoT(s) in question will be listed on the AIHA-LAP, LLC web site as suspended.</u></p>
Summary: Removal of statement that accreditation will be listed as “suspended”; clarification that any suspended accreditations and/or Fields of Testing will be removed from the Accredited Laboratories listing on the AIHA-LAP website		
4.2.8	Formerly 4.2.7 (no change)	
4.2.9	Formerly 4.2.8 (no change)	
4.2.10	Formerly 4.2.9 (no change)	

4.3.5	<p>4.3.5 If the findings of the AAB subcommittee support the revocation action, from a procedural conformity perspective, then AIHA-LAP, LLC shall immediately notify the laboratory that its accreditation status for any or all FoTs is suspended until final action on the revocation is completed. The AAB Chairperson shall submit all necessary information to the AAB members to investigate the technical merit of the revocation process. A vote of the full AAB voting membership (see Module 1, Section 1.2.1) on the revocation action shall be taken within ten (10) business days.</p>	<p>4.3.5 If the findings of the AAB subcommittee support the revocation action, from a procedural conformity perspective, then AIHA-LAP, LLC shall immediately notify the laboratory that its accreditation status for any or all FoTs is suspended until final action on the revocation is completed. <u>The laboratory shall then have 5 business days to submit a statement of its position as to why the revocation is not warranted.</u> The AAB Chairperson shall submit all necessary information to the AAB members to investigate the technical merit of the revocation process. A vote of the full AAB voting membership (see Module 1, Section 1.2.1) on the revocation action shall be taken within ten (10) business days.</p>
<p>Summary: Addition of “due process” for laboratory in the revocation process; submission due in five (5) business days</p>		
Module 6	<p>Addition for 2011 Policy Change</p>	
7.1.1	<p>AIHA-LAP, LLC accreditation or affiliation may be referenced by use of 1) a statement of AIHA-LAP, LLC accreditation with Laboratory ID number, and/or 2) the AIHA-LAP, LLC Laboratory ID Number, and/or 3) the AIHA-LAP, LLC accreditation logo with Laboratory ID number.</p>	<p>7.1.1 Reference to AIHA-LAP, LLC Accredited Fields of Testing (FoTs) AIHA-LAP, LLC accreditation or affiliation may be referenced by use of 1) a statement of AIHA-LAP, LLC accreditation with Laboratory ID number, and/or 2) the AIHA-LAP, LLC Laboratory ID Number, and/or 3) the AIHA-LAP, LLC accreditation symbol(-logo)-with Laboratory ID number. Any of these references may not be used or implied for a FOT(s) for which lab is not accredited by AIHA-LAP, LLC.</p>
<p>Summary: Removal of AIHA-LAP accredited laboratory identification number as sole reference to accreditation, to prevent confusion with AIHA PAT Programs-only participants; added accreditation “symbol” to match ISO terminology, in addition to “logo” as referenced in licensing agreement</p>		
Appendix G	<p>Updated to be consistent with Appendix H. Minor formatting changes were made, but no content was changed.</p>	