



ACCREDITATION COMMISSION FOR CONFORMITY ASSESSMENT BODIES

CAB Accreditation Guidance Document

Document Title: Classification System For Medical Laboratories

Document Number: ACCAB-GD-4.0

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Revision Number	Revision Date	Paragraph Number	Description of Revision	Revision Author

GD-4.1	Purpose:
GD-4.1.1	To ensure that the ACCAB applicants and accredited Medical Laboratories can precisely define as possible each of the tests/parameter within the broad spectrum of classifications & sub classifications for which it seeks accreditation.
GD-4.2	Scope:
GD-4.2.1	This guidance note is published for the informative use for the applicants and accredited Medical Laboratories who follow the ACCAB accreditation.
GD-4.3	Details:
GD-4.3.1	The classification is based on the Classification System For Testing & Calibration employed by the National Association of Testing Laboratories (NATA) in Australia. The ACCAB acknowledges the copyrights of NATA in this respect.

GD-4.3.2	Classification	Sub-classification
GD-4.3.2.1	PATHOLOGY	
	Histopathology	<input type="checkbox"/> Anatomic Pathology <input type="checkbox"/> Autopsy <input type="checkbox"/> Electron Microscopy <input type="checkbox"/> Intraoperative Consultation <input type="checkbox"/> Molecular Anatomic Pathology <input type="checkbox"/> Molecular Anatomic Pathology
	Molecular Pathology	<input type="checkbox"/> Molecular Pathology
	Cytopathology	<input type="checkbox"/> Cytology
GD-4.3.2.2	CHEMISTRY	
	General Chemistry	<input type="checkbox"/> Blood Gases <input type="checkbox"/> General Chemistry <input type="checkbox"/> Special Chemistry
	Toxicology	<input type="checkbox"/> Toxicology
	Urinalysis	<input type="checkbox"/> Urinalysis
GD-4.3.2.3	CYTOGENETICS	<input type="checkbox"/> Cytogenetics
GD-4.3.2.4	HEMATOLOGY	<input type="checkbox"/> Flow Cytometry <input type="checkbox"/> Body Fluid Analysis <input type="checkbox"/> Coagulation <input type="checkbox"/> Hematology

GD-4.3.2.5	HISTOCOMPATIBILITY	<input type="checkbox"/> Transplant Program Support <input type="checkbox"/> HLA Cellular Function Analysis <input type="checkbox"/> HLA Flow Cytometry <input type="checkbox"/> HLA Molecular <input type="checkbox"/> HLA Serology <input type="checkbox"/> HLA Solid Phase Assays
GD-4.3.2.6	IMMUNOLOGY	<input type="checkbox"/> General Immunology
GD-4.3.2.7	MICROBIOLOGY	<input type="checkbox"/> Bacteriology <input type="checkbox"/> Molecular Microbiology <input type="checkbox"/> Mycobacteriology <input type="checkbox"/> Mycology <input type="checkbox"/> Parasitology <input type="checkbox"/> Virology
GD-4.3.2.8	POINT OF CARE TESTING	<input type="checkbox"/> Point of Care
GD-4.3.2.9	IMMUNOHAEMATOLOGY	<input type="checkbox"/> ABO/RH; Antibody Detection; Antibody Identification; Compatibility Testing <ul style="list-style-type: none"> ○ Transfusion Service ○ Blood Establishment
GD-4.3.2.10	IMAGING	<input type="checkbox"/> Radiography <input type="checkbox"/> Ultra sound <input type="checkbox"/> Mammography <input type="checkbox"/> Computer tomography (CT) <input type="checkbox"/> Magnet resonance tomography (MR) <input type="checkbox"/> Nuclear medicine
GD-4.3.2.11	ANY OTHER , PL. SPECIFY	