

## LABORATORY RECOGNITION PROGRAMME

## APPLICATION FORM

## INSTRUCTIONS:

1. This application form is applicable to:
  - a) Private laboratories seeking recognition as a new applicant;
  - b) Recognised laboratories seeking for renewal of recognition; and/or
  - c) Recognised laboratories seeking for expansion in the scope of recognition.
2. Please read and understand the Laboratory Recognition Programme (LRP) Terms and Conditions before filling up this application form.
3. This application will take about 15-30 minutes to complete. All fields are required unless otherwise stated.
4. The completed form must be signed by an authorised company representative either by inserting a digital signature or signing by hand.
5. Please submit the completed form and required documents with the subject as 'RE: Laboratory Recognition Programme (New Recognition/ Renewal/ Scope Expansion\*)'. For forms signed by hand, please also submit the soft copy type-written form without the signature, to facilitate processing of the application.  
*\* Please indicate where applicable*
6. A non-refundable application fee of **SGD 450 for in-principle LRP status** shall be made payable to SFA (*only for new applicant*). For information on the payment methods, please visit: [www.sfa.gov.sg/e-services/payment-modes](http://www.sfa.gov.sg/e-services/payment-modes)
7. Laboratory recognition is valid for **12 or 18 months**. The recognised laboratory shall initiate the renewal process by ensuring that the renewal application and required supporting documentations are received by SFA no earlier than four months and no later than two months prior to the recognition expiration date.
8. For scope expansion requests, laboratories are required to submit the application form and supporting documents to SFA.
9. If there are any changes to the details provided in this application, please promptly notify SFA of the changes in writing.

*For Official Use by SFA Only:*

App Ref No.: \_\_\_\_\_

**1. Application Type**

- New Application for Recognition  
 Renewal of Recognition (LRP Cert. No. \_\_\_\_\_)  
 Request for Expansion in the Scope of Recognition (LRP Cert. No. \_\_\_\_\_)

**2. Organisation Details**

Organisation Name	UEN/ Business Registration No.
<b>Major Activities of Organisation</b>	

**3. Details to be Listed on [SFA Website](#)**

 If no change, please check here 

<b>Laboratory Name</b>	
<b>Website</b>	
<b>Address of Laboratory Premise for this Application</b>	
<b>Postal Code</b>	

<b>4. Personnel Details</b>		If no change, please check here <input type="checkbox"/>
<b>Key Representative for LRP</b>		
Point of contact and person responsible for the laboratory's compliance with LRP requirements		
Salutation & Name		
Designation		
Contact Number (Office)		
Contact Number (Mobile)		
Email Address		
<b>Head of Organisation</b>		
Salutation & Name		
Designation		
<b>Head of Laboratory</b>		
Salutation & Name		
Designation		
<b>Quality Manager</b>		
Salutation & Name		
Designation		
<b>Technical Manager (if applicable)</b>		
Salutation & Name		
Designation		
<b>Laboratory Staff Strength</b>		
Management		
Technical		
Administrative		
Total		

5. Details of Accreditation (ISO/IEC 17025)		If no change, please check here <input type="checkbox"/>
<b>Accreditation Body</b>		
<b>Date of Initial Accreditation</b>	<b>Expiry Date of Current Accreditation</b>	
Indicate the periods of suspension by the accreditation body within the past 24 months and the reasons for suspensions, if any. If none, please indicate "N.A."		
<b>Period of Suspension</b>	<b>Reasons</b>	

**6A. Scope of Application** (Refer to [Form](#) or as provided by SFA)If no change to existing schedule, please check here New Application for Recognition

Please fill in the 'Scope of Application' spreadsheet for **ALL** the test parameter(s) and food categories in which your laboratory wishes to apply recognition for under LRP. Please ensure that the test method is accredited and fit for purpose for the given food category when applying.

Renewal of Recognition

Kindly specify the new tests to be considered for recognition or where there are any updates to existing test methods in your laboratory's schedule. Please ensure that the test method is accredited and fit for purpose for the given food category when applying. Please tick the above check box if there is no change to the existing schedule to be considered for the renewal round.

Request For Expansion in Scope of Recognition

Please fill in only for **NEW** test parameter(s) to be recognised. Please ensure that the test method is accredited and fit for purpose for the given food category when applying. In the event that the test method is not accredited, and your laboratory has been invited to apply for conditional extension of scope, please indicate under the 'Remarks' column if your laboratory wishes to proceed with application after understanding the requirements associated with the conditional extension.

**6B. Indication of Testing Capabilities Outside the Scope of Application**

Please also take some time to indicate your laboratory's testing capabilities in the 'Indication of Testing Capabilities Outside the Scope of Application' spreadsheet.

<b>7. Participation in Proficiency Testing Programmes</b>					If separate file to be submitted, please check here <input type="checkbox"/>
Please indicate your laboratory participation in proficiency testing (PT) programmes or inter-laboratory comparisons related to the applied scope of recognition for the last 24 months for any new recognition or scope expansion application, or for the last 12 months for any renewal application. Alternatively, you may wish to submit the required information in a separate file if the list is very long.					
S/N	Date of Participation	PT provider	PT Scheme (Test & Matrix)	Performance (e.g. Z-score)	Performance satisfactory? (Y/N)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

12					
13					
14					
15					
16					
17					
18					
19					
20					

<b>8. Nominees for Authorised Analysts under LRP</b>					If no change to existing analysts, please check here <input type="checkbox"/>
Please fill in details of nominated personnel to be appointed as Authorised Analysts under the Sale of Food Act (Chapter 283). Please ensure that the nominees are signatories approved by Singapore Accreditation Council or accreditation bodies under the ILAC mutual recognition arrangements, for tests in the applied scope of recognition.					
S/N	Name	Designation	Highest Qualification	Join Date (MM/YY)	New Nominee? (Y/N)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					



## 9. Documentation Requirements

### For New or Renewal\* Applications:

- A copy of the ACRA/ Business Registration No.
- A copy of the most recent accreditation certificate
- A copy of the most recent accreditation schedule
- Organisation Chart
- Scope of Application (Refer to Section 6)
- CVs of New Nominees as Authorised Analysts for LRP (Refer to Section 8)

\*Not required to submit the documents again if there are no updates since the last submission

### For Scope Expansion Request:

- A copy of the most recent accreditation schedule
- Scope of Application (Refer to Section 6)

## 10. Declaration

*I declare that:*

- I agree to comply to the requirements of this Laboratory Recognition Programme (LRP).
- The information given in this form and any other information given in support of this application are to the best of my knowledge, accurate and there is no intentional falsification.
- I accept that the organisation will pay all fees due to SFA, whether or not recognition is granted.
- I am authorised to submit this application on behalf of the laboratory.

<b>Name</b>	
<b>Designation</b>	
<b>Signature</b>	
<b>Date</b>	