



ABSA INTERNATIONAL

1200 Allanson Road • Mundelein, IL 60060-3808 • 866-425-1385 • Fax: 847-566-4580 • E-mail: info@absa.org • Web Site: www.absa.org

Application for Accreditation

Please provide a program description that includes the mission of the organization and the type of research that is being done with an emphasis on the laboratories (labs) that will be included in the site visit. Completed application should be sent to accreditlab@absa.org.

Name of Institution/Company:	
Parent Organization (if different from above):	
Address (physical location of the Institution/Company):	
Lab Address (if different from above):	
City/Province/State/Country/Zip Code:	
<input type="checkbox"/> BSL-2 Accreditation <input type="checkbox"/> BSL-3 Accreditation	

Type of Institution/Company applying for accreditation:

<input type="checkbox"/> State College or University	<input type="checkbox"/> Nonprofit Research Organization
<input type="checkbox"/> Research Organization	<input type="checkbox"/> Pharmaceutical Company
<input type="checkbox"/> Government Agency/Organization	<input type="checkbox"/> Private College or University
<input type="checkbox"/> Hospital	<input type="checkbox"/> Veterans Affairs Medical Center
<input type="checkbox"/> Biotech Company	<input type="checkbox"/> Other (Please identify)
<input type="checkbox"/> Clinical Laboratory	

Facility Information:

Number of labs in facility:				
Number of lab rooms that will be included in the site visit:				
Approximate square footage of each lab room:				
Name of infectious agent(s) in use in each lab:				
Number of Principal Investigators with responsibility for the labs to be inspected:				
Are any of the following items used in these laboratories:				
<input type="checkbox"/> Animals?	<input type="checkbox"/> Recombinant or Synthetic DNA?			
<input type="checkbox"/> Large Scale?				

Contact Information: *(Applicant certifies that this information is accurate and releases the officers and agents of ABSA from liability as a consequence of this accreditation application and/or site visit. Complete the additional contact information on the next page. Please note: It is necessary to denote both the designated facility contact or correspondent and the responsible party, and to have the form signed appropriately.)*

Facility Contact/Correspondent:

Full Name (degree/certification, if any):	
Title:	
Address:	
Telephone:	
Fax:	
Email:	
Original Signature & Date:	

Responsible Party

Full Name (degree/certification, if any):	
Title:	
Address:	
Telephone:	
Fax:	
Email:	
Original Signature & Date:	

PLEASE NOTE AND INITIALIZE: Site visitors will need access to records, manuals, laboratories, and facility personnel of the facilities applying for accreditation during the visit. Please note this and communicate this to the management and staff. All information that is shared with site visitors will remain confidential to those involved in the accreditation process. Initial: _____

Documents to be Submitted Prior to Review: *(Following review of this application by the Accreditation Committee and prior to the date of review, you will be requested to forward copies of the documents detailed below. Additional documents may be requested for review following the examination of these records.)*

- Any medical surveillance or immunizations required for entry by site visitors
- Required PPE (e.g. N-95 Respirators) for site visitors
- Any institution non-disclosure statement required for site visitor signature
- Risk Assessment SOP
- Documented Risk Assessment
- Facility Design Criteria
- Floor Plan for Facility
- Floor Plan for Lab
- Medical Surveillance Program and Records
- Biosafety Committee Meeting Records
- Commissioning Records

Accreditation Fees:

Number of Laboratories (approximate size range)	Application Fee	Annual Accreditation Fee
1-2 (<3000 ft ² total)	\$ 50.00	\$ 1,200.00
3-5 (3000-7500 ft ²)	\$ 50.00	\$ 2,500.00
6-10 (7500-15,000 ft ²)	\$ 50.00	\$ 4,500.00
> 10 (>15,000 ft ²)	\$ 50.00	1ft ² x \$.30/ft ²

Application Fee

A one-time fee when an organizations first applies to become accredited. Once they become and remain accredited they do not have to pay this fee again.

Annual Accreditation Fee

The annual fees will be paid annually before the organization is audited (by ABSA auditors or self- auditing). Travel costs for inspectors will be a separate fee, where organizations will only pay the actual costs of the inspectors travel. Organizations will be audited once every three years by ABSA and the organizations will do a self-audit the other two years.

If you have any questions about the accreditation process or completing your program description, please contact the ABSA office at 1-866-425-1385 or info@absa.org