# Purpose

This document describes the conditions, which have to be fulfilled by accredited laboratories (testing, calibration, medical) and by laboratories applying for accreditation as calibration- and / or testing laboratories or Medical Laboratories.

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# 0. Introduction

Pakistan National Accreditation Council (PNAC) is an autonomous body working under the Ministry of Science and Technology. The Pakistan National Accreditation Council was established with the approval of the Cabinet in its meeting held on 7th January 1998 and PNAC Act was passed by Parliament in 2017. PNAC has the authority to accredit calibration laboratories testing laboratories, certification bodies, and inspection bodies. Further on, PNAC will extend its functions to other fields of accreditation.

This document gives an overview of the conditions, which an accredited laboratory must fulfil. Documents referred to are listed at the end of this document.

Accreditation will be declined to all laboratories, which are unable to document that they comply with the accreditation requirements. The accreditation does not replace any other necessary approval. Within the application process PNAC does not consider whether permissions such as security clearance etc. are necessary to perform the work. It is the laboratory’s own responsibility to make sure that all other necessary permissions are obtained. If permission is necessary, we recommend that these are obtained or clarified before an application for accreditation is sent, (except if the accreditation is a condition for permission).

 Further information regarding the accreditation scheme may be inquired from:

 Pakistan National Accreditation Council

Ground Floor, 1-Constitution Avenue G-5/2, Islamabad.

Phone: 051 9222310-312

Fax: 051 9209510

www.pnac.org.pk

**1. Compliance with requirements.**

Accredited laboratories shall at all times comply with the requirements for accreditation. The laboratories shall **adopt** to new requirements or alterations in existing requirements within the time limits determined by PNAC. Any change in the criteria shall be notified to the accredited / applicant CAB by registered post / Website/ other means and a suitable time frame shall be given for implementing the modified criteria. The implementation of the changed criteria shall be verified during the surveillance assessment of each CAB. In the event of any major change in the criteria, PNAC reserves the right to carryout an additional assessment and the fee and related assessment expenses of team of such assessment visit shall be borne by CAB. In the event that an accredited CAB is not willing to adopt the changed criteria, it is allowed to opt out of the accreditation scheme and the accreditation is withdrawn with effect from the date of the implementation of revised criteria. Accredited and applicants CAB are advised to visit PNAC website regularly to be aware of revised/updated related requirements/conditions/documents.

As a supplement to the requirements described in this document, the requirements are specified in the documents listed below:

 **Accreditation Criteria:**

All laboratories (accredited / under accreditation process) has to follow the accreditation criteria;

|  |  |
| --- | --- |
| ISO/IEC 17025  | General requirements for the competence of calibration and testing laboratories.  |
| ISO15189  | Medical laboratories –Particular requirements for the quality & competence.  |
| PNAC | PNAC policies and guidelines |
| PNAC F-01/02 | PNAC Accreditation Fee |
| APAC | Policies and guidelines of APAC |
| ILAC | Policies and Guidelines of ILAC |
| IHAF | Policies and Guidelines of IHAF |

PNAC has adopted the following ILAC policy documents in addition to ISO/IEC 17025 and ISO 15189.

1. [ILAC P8:11/2023 ILAC Mutual Recognition Arrangement (Arrangement): Supplementary Requirements for the Use of Accreditation Symbols and for Claims of Accreditation Status by Accredited Conformity Assessment Bodies](https://ilac.org/?ddownload=125463)
The requirements in this document have been developed to ensure a more uniform approach to the use of accreditation symbols and for the manner in which a CAB may refer to its accreditation status and make claims in relation to the ILAC MRA.
2. [ILAC P9:06/2014 ILAC Policy for Participation in Proficiency Testing Activities](https://ilac.org/?ddownload=3259)
This document sets out the policy for accreditation bodies on the use of proficiency testing activities in the accreditation process.
3. [ILAC P10:07/2020 ILAC Policy on Metrological Traceability of Measurement Results](https://ilac.org/?ddownload=123220)
This document describes the ILAC policy on metrological traceability of measurement results.
4. [ILAC P14:09/2020 ILAC Policy for Measurement Uncertainty in Calibration](https://ilac.org/?ddownload=123348)
This document sets out the requirements and guidelines for the estimation and statement of uncertainty in calibration. This latest revision reflects the 2017 versions of ISO/IEC 17011 and ISO/IEC 17025. The policy continues to be based on the Guide to Uncertainty in Measurement (GUM) and retains the common understanding of the term CMC from the joint declaration issued by the BIPM and ILAC <https://ilac.org/about-ilac/partnerships/international-partners/bipm/>
5. **Application and the application process.**

**2.1 Application.**

It can be applied for accreditation for sampling, testing and calibration in permanent premises and on site, and for interpretation/ evaluation of results. PNAC at the moment does not allow flexible accreditation.

When applying for accreditation, it is required that the organization (applicant) sends a complete application form with the necessary enclosures before the handling of the application can be started. **The laboratory shall provide** an updated copy of the Quality Manual (**if required by the relevant standard**) of the laboratory, appendixes, procedures and also descriptions of relevant education and work experience (CV) and job descriptions for key personnel. The results of Proficiency Testing/ Inter-laboratory Comparisons (ILC) and the laboratories own evaluation of these shall also be sent together with the application.

If the laboratory is applying for **opinions and interpretations** of the results of testing, a description of this shall be enclosed the application, together with the documentation (e.g. regulations, **customer requirements etc.**) which is the basis of the **opinions and interpretations**. If the laboratory’s accreditation does not cover these activities, the following disclaimer shall be incorporated:

“**Opinions and interpretations expressed herein are outside the accreditation scope.”**

The extent of the application shall be described in an own appendix. The laboratory shall for every testing-parameter assign what measure range they want to issue accredited testing- and/or calibration results in. Regarding the qualitative testing-parameters, the lowest detection-limit shall be given. Once awarded accreditation for a certain scope, the laboratory shall display its scope in legible size, in a place where it can be seen by the customer.

By applying for accreditation the laboratory has to fill in PNAC’s **application and all associated documents referred in the application**.

Applicants for accreditation or accredited laboratories shall inform PNAC if they are applying for accreditation within the same area, by an other accreditation body, or if their application have been approved or declined by such body.

If an applicant for accreditation state to have applied, or got a rejection for applications by another body as described above, PNAC can request for the reason for this and if necessary, request for the relevant **assessor’s** report or other relevant information.

If the applicant does not wish to obey these requests, PNAC will immediately, after an accreditation has been approved inform the bodies, which is considering the applications (or have refused the application) regarding the decision. This is done to give the bodies the possibility to complain against the decision, if they want to.

2.2 Methods

Preferably *standard methods* shall be used. New versions of *standard methods* shall be implemented within a year after the publication of them*. Modified* *standard-methods* are methods where laboratories have done smaller changes/modifying in a standard-method. These changes shall be written in the laboratory’s own internal testing procedure.

The changes shall be validated and the validation shall document that the results (including the corresponding measurement uncertainty) stays the same as by the performing according to the standard-method.

The documentation of the validation shall be filed. It shall appear from testing reports and calibration-certificates that the laboratory is using a modified standard-method. Simplified reporting shall be granted by the customer.

If another principle of measurement is used and/or a matrix is changed compared to the standard-method, the method shall in any case be defined as an *internal-method*. Internal methods based on standard-methods are methods where the laboratory have done changes/ modifications in the standard-methods and were the validation data show that the modified method do not give the same result (including the corresponding measurement uncertainty) as when performing according to the standard-method.

The documentation of the validation shall be filed and the modifications from the standard method shall be described in the laboratory’s own testing procedure. A method based on a withdrawn standard-method is defined as an internal method based on the withdrawn standard.

If an earlier version of a standard-method is used longer than one year after it is revised, and this is acceptable for PNAC, the method shall be defined as an internal-method based on the earlier version.

2.3. Application process.

If PNAC makes use of external assessors during the handling of the application, PNAC shall get approval for the choice of assessor(s) by the applicant.

If the applicant wishes to refuse PNAC’s proposal for assessor(s) this shall be substantiated.

PNAC will evaluate if the reasons for refusing the proposed assessor(s) can be approved. Communication between the laboratory and assessors shall during the whole application process be done through the concerned Director in PNAC, in case nothing else is declined.

If PNAC shall be able to evaluate the functionality of the applicant’s quality-system, it is a requirement that the system be implemented before the accreditation is approved. To be able to decide if the accreditation-requirements are fulfilled, an examination of the laboratory’s quality system, assessment of the implementation of the system, control of the participation in – and results from - ILC, and observations of the performance of selected tests/ calibrations and/or sampling.

In the standard of requirementsfor accreditation bodies there are requirements on the accreditation bodies to be impartial and avoid performing any consultancy towards applicants. If the applicant’s cooperation with PNAC demands guidance activities from PNAC, which threatens PNAC’s impartiality, PNAC has the right to terminate the application-/ assessment process.

If during the assessment, it is observed that the conditions on which the visit was based on, are not fulfilled, the lead assessor can terminate the assessment-visit. e.g., if key personnel are not available as provided, the quality system/procedures are not implemented, the laboratory shows a lacking willingness to co-operate during the assessment or there are serious nonconformances so that an performance of the assessment-visit is not appropriate.

The management of the organization shall be present at the opening and closing meeting.

If the assessment-team fill in non-compliance-forms during the assessment, the applicant shall within the agreed deadline fill in and send all original observation-/ non-compliance-forms to the lead assessor, together with the documentation for the actions performed.

A copy of the observation-/ non-compliance-forms, together with the corresponding documentation, shall be sent at the same time directly from the applicant to the lead assessors, which have filled in the observation-/ non-compliance-forms.

If requirements given by PNAC are not fulfilled within the time limit, or if the applicant during the next six months after the assessment has not reached any further regarding the application-process, PNAC can dismiss the application without refunding any charges. The applicant is bound to pay all accrued costs. The applicant will get a pre-warning to be able to give a statement before the process is interrupted.

The applicant must apply again after such an interruption.

Reports prepared by PNAC, either during or after an assessment, shall not be reproduced in summary without a written approval from PNAC.

# 3. Proficiency Testing/Inter-laboratory Comparisons (ILC)

PNAC requires that all accredited calibration laboratories participate in inter-laboratory comparisons frequently. As a minimum each parameter shall be covered once during a period of renewal.

Testing / Calibration laboratories seeking accreditation, shall in agreement with PNAC participate in inter-laboratory comparisons with satisfactory results before accreditation is declined.

Before accreditation is approved the testing laboratories shall, for each parameter, document satisfactory results from interlaboratory comparisons. PNAC requires all accredited testing laboratories to participate in inter-laboratory comparisons frequently for each parameter, and at a frequency in accordance with accepted rules in each testing area. Testing laboratories shall participate in organized ILC programs if these exist for the specific testing area. If organized ILC programs only exist abroad, the laboratories shall as a main rule participate at lease in one of these programs.

PNAC is requesting the laboratories to use ILC organizers that comply with the requirement for ISO/IEC 17043. For testing area where there do not exist any organized ILC, the laboratories shall perform other actions, which ensure satisfactory control of the test method’s tractability such as comparison with other (accredited) testing laboratories and/or testing of (certified) reference material.

# 4. Surveillance and renewal; Updating of Quality Manuals and related Documents

To verify that the requirements for accreditations are met, PNAC will perform regular surveillance at the accredited laboratories preferably within 12 months after the first assessment.

The accreditation is renewed after three years, with normally two surveillances in between and the reassessment will then be as comprehensive as a first-time assessment. In addition PNAC will, when it is needed, accomplish further surveillance activities such as e.g. extraordinary visits or claim participation in ILC.

Accredited laboratories shall before an ordinary surveillance or renewal visit send in updated versions of relevant documents. The following documentation shall be sent directly to the assessors not later than 4 weeks before a surveillance and renewal visit if nothing else is agreed on by PNAC.

Lead assessor shall as a minimum receive a copy of the quality manual including Appendixes, an index of other documents and forms in the quality system, a overview of the number of performed accredited tests and/or calibrations last year together with descriptions of relevant education and work experience (CV’s) for new key personnel. If possible a copy of reports from internal audits and management’s review performed last year, should be sent to the lead assessor. At renewal a description of relevant education and work experience (CV’s) and job description for key personnel should be sent in, if relevant.

Technical Assessor/expert shall as a minimum receive the scope of accreditation, technical procedures, an overview of performed accredited tests and/or calibrations the previous year along with the relevant previous assessment report. Results of ILC performance since last visit will be evaluated during the visit. Any new technical personnel inducted will be interviewed for their competence on ISO/IEC 17025/ ISO 15189, in particular and their CVs examined, and authorizations checked. In addition, at renewal a copy of the technical procedures including appendixes for technical personnel is required.

Regarding substantial changes in e.g., the quality system, or by renewal of accreditation, the laboratory shall fill in and send a checklist to PNAC.

During the assessment the laboratory’s key personnel shall the whole time be available for the assessment team. The management of the organization shall be present at the closing meeting.

If the assessment team gives any non-compliances during surveillance or renewal, the descriptions in section 2.3 in this document, (regarding observation / non-compliance forms together with documentation) must be followed.

Requirements for new appliers, as given in section 2 in this document, are also valid for already accredited laboratories.

1. **Application for Extension.**

Accredited laboratories can any time apply for extension of the accreditation.

When applying for an extension the laboratory must send a filled application form together with the necessary appendixes before the handling of the application can start. If the application for extension includes accreditation for interpretation/evaluation of the results, this shall be stated in the application form and be described in an appendix to the applications.

If the application for extension is sent PNAC not later than 2 months before an ordinary surveillance or renewal, the application for extension will normally be treated during the planned visit. In such cases full documentation for evaluation of the application (procedures of methods and other relevant documents, results of ILC etc.) shall be sent to PNAC within 4 weeks before the date of the planned visit.

1. **Access to Premises and Availability of Documents.**

The laboratory has a duty to give PNAC the necessary access to their premises and to all relevant documentation.

*Necessary access* means access, which is necessary to be able to verify accordance to the requirements in the relevant requirement-standard.

*Relevant documentation* means documentation, which gives support in the evaluation according to relevant requirement-standards. Including are documents concerning the work done by the laboratory. Relevant documentation should on request be available for PNAC as soon as possible.

At the assessment the laboratory has a duty to adjust their normal activities so that the assessment team can perform an efficient assessment.

PNAC informs the organization about the visit in suitable time, but when it is required PNAC’s assessment team shall be given assessment without being informed in advance.

Documentation and premises shall be accessible for staff employed in PNAC as well as the assessors/ experts, which is engaged by PNAC and accepted by the laboratory.

# 7. General Information Obligation

Accredited laboratories shall always keep PNAC informed regarding changes in the organization which may influence the organization’s ability to comply with the terms of accreditation. The organization shall inform PNAC immediately if there are changes in:

1. Legal status, ownership, name, E-mail address, phone, fax no, etc.
2. The organization, management, and key personnel, i.e., quality leader, the

responsible for validation (for flexible accreditation), the responsible for interpretation (for accreditation, which includes interpretation and evaluation of results).

1. The quality system if significant for the compliance with the terms of accreditation
2. Essential calibration- and testing facilities, such as equipment, instruments, and laboratory premises (e.g., moving of the laboratory), and other essential resources. PNAC shall approve such changes before they are effectuated.
3. Substantial changes in national and international standard-methods which are used by the laboratory in tests/calibrations, or other substantial changes in methods.

The laboratory shall, at the beginning of the year on request, send a short annual report to PNAC with information regarding the activities last year. PNAC will send a form to be used for the annual report.

**8. Use of the Pakistan National Accreditation Council Logo, and reference to the accreditation.**

Accredited laboratories are requested to use PNAC’s accreditation mark. Use of PNAC’s accreditation mark and reference to accreditation shall be in accordance with PNAC’s requirements G-02/02.

The laboratories shall have rules for how they refer to the accreditation in advertising materials and in other connections.

# 9. Accreditation Fees

Applicants and accredited laboratories are obliged to pay fees in accordance with the existing document regarding fees for the services performed by Pakistan National Accreditation Council.

# 10. Sanction when failing to comply with the conditions

If the accredited laboratory fails to comply with the requirements for accreditation, PNAC can put in effect one or more of the following sanctions, depending on how serious the noncompliance are:

1. Instructions corrective actions (non-compliances)
2. Suspend the accreditation or parts of it
3. Withdraw the accreditation or parts of it

PNAC will evaluate which sanctions to be used. When it is necessary to do withdrawals, instructions of corrective actions and/or suspension shall be used first if PNAC finds that appropriate. The sanctions can be described as following:

**l) Instructions for corrective actions (non-compliance).**

 PNAC can require that the laboratory correct the non-compliance within a specified date. If the laboratory wishes to keep the accreditation, it must prove that the non-compliance is satisfactory corrected within the time limit.

 The instructions may include withdrawal of accredited calibration certificates and test reports. PNAC may also decide that an extraordinary visit to the laboratory is required to check that the corrections are satisfactory implemented.

  **ll) Suspension:**

If the non-compliance is not corrected within the agreed time, or if the non-compliance is substantial, the accreditation – or part of it- can be suspended for a limited time. A suspension is a blocking of the laboratory’s accredited activity because of serious deficiency in fulfilling the requirements set by PNAC. Examples of serious deficiencies are:

1. No traceability to standards of measurement.
2. Unacceptable results from inter-laboratory comparisons (ILC) or qualified tests.
3. Non-satisfactory competence because of changes in personnel/changes in the qualifications of key personnel.
4. Lacking performance of satisfactory corrections within the time limit.
5. Big mistakes by performance of tests/calibrations, which show serious errors in the quality system.
6. Misuse of the accreditation, or if the accreditation is not much used.

Changes to the laboratory’s premises, regarding moving/rebuilding will normally lead to suspension. The same can in some cases be the result if where is changes in the organization.

A laboratory can ask to be **suspended** on a voluntary basis. An argument for this voluntary suspension can be i.e. that the laboratory itself registers that the requirements for accreditation is not fulfilled, or by moving to new premises.

 When the accreditation or parts of this is suspended, the laboratory shall not offer or perform accredited services for the suspended activities if the suspension lasts.

 Accredited calibration-certificates/test reports shall not be issued within the area, which is included in the suspension.

 On request from PNAC the laboratory shall return the accreditation-certificate and accreditation-document.

 Suspensions are time limited to 3 months, but PNAC can prolong the limit up to 6 months.

The accreditation can be re-established by PNAC if the conditions which caused the suspension are improved in a satisfactory way within the time limit. In most cases this would be done by physical verification of the site.

However, in certain cases where documentary evidence is sufficient, physical verification may not be needed. This would be decided by the Director concerned either alone or if needed in consultation with the lead/technical assessor may decide to lift suspension without a visit.

 **lll) Withdrawal of accreditation:**

If the laboratory does not want to or is unable to correct the non-compliances, within the time limit, or the non-compliance is so serious that the laboratory no longer has the necessary qualifications to carry out accredited calibrations or tests, the accredited scope or parts of the scope will be withdrawn. In this case the laboratory’s accreditation is terminated by the withdrawal. By termination of the accreditation the laboratory is required to return the accreditation certificate and the accreditation document to PNAC.

If parts of the accreditation are withdrawn the laboratory shall hand over to PNAC accreditation documents for destruction or alteration. The laboratory shall no longer offer to carry out accredited services within the areas withdrawn.

If the accreditation is fully or partially withdrawn the laboratory shall, in writing, inform clients concerned about the consequences. A copy of this information shall be sent to PNAC.

In the case of withdrawal or suspension, paid fees will not be refunded. The laboratory has a duty to pay all incurred costs. During a period of suspension, the regular fees shall be paid as normal.

Before a decision to suspend or withdraw accreditation can be made, the laboratory must be given notice and the possibility of a hearing, except in the case, where immediate suspension is needed due to unsatisfactory performance**.**

Appeals on decisions concerning sanctions can be made.

**11. Transferring of accreditation.**

In cases whereby purchase, merger, and changes of name etc. where accredited laboratories wish to transfer an accreditation from one organization to another.

Transfer implies that an assigned accreditation is transferred from one organization to another. The accreditation-number will normally be kept.

Conditions for approval of transmission are as follows:

1. The system of performance of the accredited tests/calibrations shall not in principle be changed, and the changes shall not be in conflict with the accreditation conditions.
2. The changes do not lead to a weakening of the quality of the work or the integrity of the organization.
3. The changes have no influence on fulfilment of the requirements of accreditation.
4. The transferring of accreditation does not mislead the market.
5. The organization obliges the responsibility towards customers and PNAC. (This implies that at any time in the transmission process there have to be a clearly defined legal body which is responsible towards customers and PNAC).
6. The changes are not in conflict with Pakistan’s laws.

If transmission is requested the accredited laboratory has to send an application by letter for transmission of the accreditation. The application must include:

1. Complete description of the background of the application.
2. Clear and precise description of new legal status when it is relevant.
3. Description of possible changes in the quality system.
4. Company-attestation
5. Binding statement from the new owner/management that they will fulfil the requirements for accreditation.
6. Binding statement from the new owner/management that possible relevant responsibility is taken over from the one the accreditation was transmitted from (e.g., abidance of offers which are already contracted make for delivery of accredited services).
7. Plan for updating of the quality manual, procedures, catalogues, and other affected documents (e.g., change of name).
8. Information regarding updating of necessary contracts of employment, agreement with subcontractors etc. when relevant.

In accordance with the conditions of transmission, PNAC will decide whether verifications must be done at the location of the applicant or transmission can be declined on behalf of the received documentations.

In the cases where changes will lead to a new accreditation certificate and accreditation document the one who is accredited has a duty to return the earlier edition of these to PNAC when the transmission is declined?

# 12. Notice to relinquish / dissolvement

An accredited organization may terminate its accreditation, without any argument, with 2 months’ notice; the notice must be in writing. In special cases this period might be shortened.

If the organization is dissolved, it has a duty to immediately inform PNAC, which will withdraw the accreditation at once. The requirements, which are described in section 10 in this document regarding withdrawing are valid. The same requirements are valid if the laboratory for different reasons has to reduce the accreditation size.

# 13. Financial Responsibility in connection with accreditation

PNAC is not to be held responsible for the laboratories’ obligations towards their clients.

**14. The Right to Appeal against Decisions made by PNAC.**

Any appeal against PNAC’s decisions must be presented to PNAC within 3 weeks after the laboratory received PNAC’s decision. PNAC shall perform the necessary investigations and may annul or alter the decision or reject the complaint if the terms to deal with it do not exist. If the decision is not altered, PNAC shall send all documents concerning the matter to the Appeal Committee. The Appeal committee recommends DG for his decision.

The laboratories have at any time the opportunity to appeal at PNAC’s activities, as e.g., executive work and interpretation of the requirements for accreditation. Appeals have to be in writing. During the handling of appeals deadlines for closing of possible non-compliance be postponed.

# 15. References

1. ISO/IEC 17025 General requirements for calibration- and testing laboratories competence.
2. ISO 15189 Medical laboratories –Particular requirements for the quality & competence.
3. ISO/IEC17011 Calibration and testing laboratory accreditation Systems – General requirements for operation and recognition.
4. PNAC- G-02/04 Guidance to conditions for accreditation of laboratories.
5. PNAC- G-02/02 Regulations on the use of PNAC’s logo and reference to accreditation
6. PNAC- F-01/02 Regulations on accreditation fees for PNAC’s services.
7. PNAC- G-02/05 Requirements for calibration and control of weights for accredited laboratories.
8. PNAC- G-02/06 Requirements for calibration and control of thermometer for accredited laboratories.
9. ISO/IEC 17043 Proficiency testing by interlaboratory comparison
10. [ILAC P8:11/2023 ILAC Mutual Recognition Arrangement (Arrangement): Supplementary Requirements for the Use of Accreditation Symbols and for Claims of Accreditation Status by Accredited Conformity Assessment Bodies](https://ilac.org/?ddownload=125463)
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12. [ILAC P10:07/2020 ILAC Policy on Metrological Traceability of Measurement Results](https://ilac.org/?ddownload=123220)
13. [ILAC P14:09/2020 ILAC Policy for Measurement Uncertainty in Calibration](https://ilac.org/?ddownload=123348)

Documents published by PNAC are available on the Internet: www.pnac.gov.pk.

Documents published by ILAC are available on the Internet: www.ilac.org/.

Documents published by APAC are available on Internet: https://www.apac-accreditation.org.