



INSTITUTE OF PUBLIC ANALYSTS OF NIGERIA

(Established by Decree No.100 of 1992 now IPAN Act CAP. I 16 LFN 2004)

Secretariat: 443 Herbert Macaulay Way, Yaba. P. M. B. 1001, Oshodi, Lagos.

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APPLICATION FORM FOR REGISTRATION OF LABORATORY

i. *To be completed in block letter or typewritten and returned to the Registrar not later than six (6) months after collection.*

ii. *Application form should be returned with the following:*

- *Two recent passport photographs of Managing Director/Public Analyst*
- *Supporting documents where required/necessary.*
- *Current Laboratory Quality Manual*

(All information will be treated as confidential and will be verified)



1. TYPE OF REGISTRATION: NEW RENEWAL

2. NAME OF LABORATORY:

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3. NAMES OF OWNER(S) & NATIONALITY: (If foreign, indicate country of origin):

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4. TYPE OF COMPANY (Limited or Plc., etc.):

5. YEAR OF INCORPORATION AND YEARS IN BUSINESS (attach Certificate of Incorporation):

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6a. **LOCATION OF LABORATORY** (including postal address, e-mail, telephone, etc.):

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6b. **LABORATORY PREMISES/LAYOUT/TOTAL SPACE AVAILABLE** (sq ft; attach layout plan):

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7. **AREA(S) OF SPECIALIZATION/OPERATION:**

(List the product(s) tested and the types of tests carried out on a separate sheet)

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8. **DETAILS OF MANAGEMENT/TECHNICAL STAFF** (on separate sheet using the format below):

S/No.	Name	Designation	Academic & Professional Qualifications	Relevant Trainings	Experience related to present work (in years)

9. **NAME OF PUBLIC ANALYST(S) IN THE LABORATORY/ORGANISATION**

(including registration number(s) and attach current Practice Licence(s):

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10. DETAILS OF AVAILABLE EQUIPMENT (on separate sheet using the format below):

S/No.	Name of Equipment	Make/Model /Year of make	Receipt date & Date placed in Service	Range and Accuracy	Purpose/ Scope of the equipment	Maintenance (in-house or outside)	Date of Last Calibrations.	Calibration due on.	* Calibrated by:

**Attach evidence of Calibration record(s)*

11. DETAILS OF PARTICIPATION IN PROFICIENCY TESTING PROGRAMME(S)

(on separate sheet using the format below):

S/No.	Product/Material	Details of Test(s)	* Laboratory/ Accreditation Body (Country)	Performance in terms of Z score	Corrective Action taken

**Attach evidence of Proficiency programme(s)*

12. DETAILS OF CERTIFICATION(S) BY ANY BODY/ORGANISATION:

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13. ANY OTHER RELEVANT INFORMATION:

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14. DECLARATION: I, Prof./Dr./Mr./Mrs./Miss.....

Do hereby certify that the information given above is true, to the best of my knowledge and I will abide by the Terms and Conditions of Laboratory Registration, Rules, Regulations and Codes of Ethics of the Institute.

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Name of MD/CEO.

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Signature & Date



FOR OFFICIAL USE ONLY

15. LABORATORY INSPECTION REPORT (use a separate sheet, if necessary):

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16. REMARKS (Council/Committee/Registrar):

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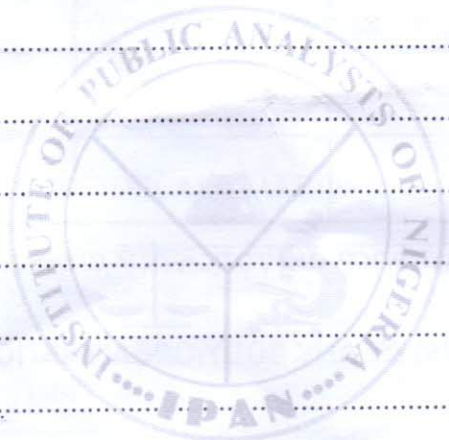
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17. REGISTRATION:

Laboratory Registered:

Interim Registration

Laboratory not Registered:

18. APPROVAL:

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Council Chairman

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Registrar/Secretary