Emirates International Accreditation Centre

المتطلبات العامة للاعتماد

General Accreditation Requirements

EIAC-RQ-GEN-001

Signatories	
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Revision history			
Issue no.	**Rev. No.**	**Details**	**Date**
1	0	First Issue for use under EIAC Name	06- 12- 2018
1	01	Explaining the cases for which a suspension / withdrawn decision can be taken (Clause no. 14) and updated EIAC-CB Requirements (Annex 1)	16-09-2019
1	02	• Modify the names of the international documents used by EIAC (clause no. 2 and 16) • Add the Accreditation Agreement number (As per document review APAC Peer evaluation results)	19-11-2019
1	03	Add clause 'Subcontracted Test, Calibration Inspection or Certification', and Modify Annex (1)	10-09-2020
1	04	Changes in Annex 1 regarding: • Adding Establishing & Extending Accreditation Schemes EIAC-RQ-GEN-004 • Modifying the Laboratories requirements list (18.2) for Measurement Uncertainty and Metrological Traceability • Deleting Halal Requirement due to merging it in EIAC Symbol requirement EIAC-RQ-GEN-002	23-03-2021
1	05	Revised to add EIAC policy regarding the use of PT activities in the assessment and accreditation process in compliance with ILAC P9	07-06-2021
1	06	Modified to include the location changes requirements (Clause 17)	01-06-2023
1	07	Revised due to the incorporation of the new identity of the Dubai Government	05-07-2024
1	08	Reissued due to update of Annex 1 and addition of Clause 3.2.3 in line with ISO/IEC 17011:2017 requirements regarding fraudulent behavior	05-03-2026
1	09	Clause 15 (EIAC sanctions) was restructured, with no change to the sanction triggers. The requirement now also covers Healthcare Providers, in addition to CABs.	08-09-2026

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1 Definitions

1.1 Conformity Assessment Body (CAB)

1.2 Body that performs conformity assessment activities and that can be the object of accreditation

1.3 Healthcare Service Provider (HCP)

An organization providing healthcare services that is seeking or holding accreditation against applicable healthcare accreditation standards.

1.4 CAB/HCP

For the purposes of this requirement, the abbreviation "CAB/HCP" refers to a conformity assessment body and/or healthcare service provider

1.5 Accreditation

Third-party attestation related to a CAB/HCP conveying formal demonstration of its competence to carry out specific conformity assessment tasks (in the case of a CAB) or to deliver specific healthcare services in accordance with defined requirements (in the case of an HCP)

1.6 Accreditation body

Authoritative body that performs accreditation; here it is EIAC.

1.7 Accreditation body logo

Logo used by an accreditation body to identify itself

1.8 Accreditation symbol[1]

Symbol issued by an accreditation body to be used by an accredited CAB/HCP to indicate its accredited status.

1.9 Appeal

Request by a CAB/HCP for reconsideration of any adverse accreditation decision related to its desired accreditation status

1.10 Assessment

Process undertaken by an accreditation body to determine the competence of a CAB/HCP , based on standard(s) and/or other normative documents and for a defined scope of accreditation.

1.11 Conformity Assessment Activity

Activity conducted by a conformity assessment body (CAB) when assessing conformity, activities covered by accreditation include, but are not limited to: testing including medical, calibration, inspection, certification of

[1] The word symbol is used instead of Mark since “Mark” is to be reserved to indicate conformity of a product

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management systems, persons, products, processes and services, provision of proficiency testing, production of reference materials, validation and verification.

1.12 Interested parties

Person or organization with a direct or indirect interest in accreditation.

Direct interest refers to the interest of those who undergo accreditation; indirect interest refers to the interests of those who use or rely on accredited CAB/HCP.

Interested parties can include the accreditation body, conformity assessment bodies, healthcare service providers, their associations and their clients, industry services, trade associations, scheme owners, governmental regulatory bodies or other governmental services, or non-governmental organizations, including consumer organizations.

1.13 Accreditation decision

Decision on granting, maintaining, extending, reducing, suspending and withdrawing accreditation

1.14 Scope of accreditation

Specific conformity assessment activities for which accreditation (Clause 1.5) is sought or has been granted.

1.15 Granting accreditation

Awarding accreditation for a defined scope of accreditation

1.16 Maintaining accreditation

Confirming the continuance of accreditation for a defined scope

1.17 Extending accreditation

Adding CAB/HCP activities to the scope of accreditation

1.18 Reducing accreditation

Cancelling part of the scope of accreditation

1.19 Suspending accreditation

Putting temporary restrictions in place for all or part of the scope of accreditation

1.20 Withdrawing accreditation

Cancelling accreditation for the full scope

1.21 Witnessing

Observation by the accreditation body of a CAB/HCP carrying out CAB/HCP activities within its scope of accreditation

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1.22 Accreditation scheme

1.23 An EIAC accreditation scheme is a set of rules, procedures, and requirements relating to the accreditation of CAB/HCP to which the same requirements apply. Accreditation scheme requirements may include, for example, applicable international standards such as ISO/IEC 17020, ISO/IEC 17021-1, ISO/IEC 17024, ISO/IEC 17025, , ISO/IEC 17029, ISO 17034, ISO/IEC 17043, ISO/IEC 17065, ISO 15189, ISO 20387, and ISO 14065, Accreditation Standard for Healthcare Providers, together with relevant regulatory or scheme specific requirements.

1.24 Activities from application through to granting and maintenance of accreditation as defined by the accreditation scheme

1.25 Proficiency Testing Program (PTP)

Evaluation of the CAB/HCP performance against pre-established criteria.

1.26 Inter-Laboratory Comparison (ILC)

Organization, implementation and evaluation of the results of measurement and testing of the same or similar test items/samples carried out by two or more than two laboratories in conformity with pre-determined conditions.

1.27 Measurement Audit

A practical test whereby a well-characterized and calibrated test item (artifact) is sent to a single laboratory and the results are compared with a reference value.

1.28 Accreditation certificate

Formal document or a set of documents, stating that accreditation granted for the defined scope.

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2 Scope

2.1 This document stipulates the general accreditation requirements for a CAB/HCP need to fulfill in order to get accreditation under Emirates International Accreditation Centre (EIAC) accreditation programs.

2.2 All CABs/HCPs are required to comply with relevant EIAC accreditation requirements including this document along with main accreditation criteria. CABs are also required to comply with relevant ILAC/IAF/APAC/ARAC documents.

2.3 EIAC follows the ILAC/ IAF Cross-Frontier accreditation policies/guidelines for accreditations in other countries.

2.4 EIAC offers accreditations for all types of CABs/HCPs according to the latest edition of the following accreditation criteria, in addition to other relevant Criteria of Competence published by EIAC, subject to availability of resources within EIAC:

a. ISO/IEC 17020 "Conformity assessment - Requirements for the operation of various types of bodies performing inspection.
b. ISO/IEC 17021-1 “Conformity assessment - Requirements for bodies providing audit and certification of management systems, Part 1: Requirements
c. ISO/IEC 17024 " Conformity assessment - General requirements for bodies operating certification of persons
d. ISO/IEC 17025 " General Requirements for the Competence of Testing and Calibration Laboratories
e. ISO/IEC 17029 “Conformity assessment - General principles and requirements for validation and verification bodies”.
f. ISO 14065, General principles and requirements for bodies validating and verifying environmental information.
g. ISO 15189 "Medical Laboratories - Requirements for quality and competence".
h. ISO/IEC 17043 “Conformity assessment - General requirements for the competence of proficiency testing providers”.
i. ISO/IEC 17065 " Conformity assessment - Requirements for bodies certifying products, processes and services”
j. ISO 20387 “Biotechnology - Biobanking - General requirements for biobanking”.
k. EIAC-RQ-HCO-003 “EIAC Accreditation Standard for Healthcare Providers”.

2.5 EIAC defines specific technical requirements for competence regarding personnel; equipment, test methods, quality control and reporting for each type of CAB within their respective requirements’ documents as mentioned in annex (1).

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3 Accreditation Requirements

3.1 Cooperation with EIAC

3.1.1 The CAB/HCP shall provide EIAC and its representatives and assessors with the necessary assistance, cooperation, and access to relevant areas of the CAB/HCP, for witnessing its activities - including the preparation, packaging, and dispatch of test items, samples, or other items needed by EIAC for verification purposes - and to undertake any reasonable check to verify the capability and competence of the CAB/HCP.

3.2 Management System

3.2.1 The CABs/HCPs applying for accreditation shall have Management System in compliance with the relevant standards. Management system documents and records shall be in Arabic or English language.

3.2.2 Before accreditation assessment, the CAB/HCP shall have conducted at least one full internal audit and one management review.

3.2.3 At any point in the application or initial assessment process, if there is evidence of fraudulent behavior, if the CAB/HCP intentionally provides false information or if the CAB/HCP conceals information, the EIAC shall reject the application or terminate the assessment process.

4 Confidentiality

EIAC's employees and assessors agree to maintain confidentiality and not to use or disclose to any third party, any information derived from the CAB/HCP in connection with the services without the consent of the CAB/HCP, except:

- any information which was in the possession of EIAC prior to its disclosure by the CAB/HCP,
- any information which is, or shall lawfully become, part of the public domain, required to be made available to any court, or obtained by EIAC from a source independent of the CAB/HCP,
- communications between an interested Party and any of ARAC, APAC, IAF, ILAC or signatories to the mutual recognition agreements between the members of such bodies under the terms of cross border policies published by ARAC, APAC, IAF or ILAC;
- In addition, EIAC shall publish and update a public directory on its website displaying basic information about accredited CABs/HCPs, along with its current accreditation status (Active, Suspended, or Withdrawn) and effective and expiry dates of accreditation. A summary of accreditation outcomes, benchmarking reports and trend analyses that do not identify individual organizations may also be published on the website but will not include any confidential details relating to a facility or its accreditation findings. Permission will be sought ahead of publication if such reports include any confidential information

The CAB/HCP is not authorized to disseminate, distribute or use the information and data provided by EIAC unless it has consent from EIAC.

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5 Liability

5.1 EIAC shall not be responsible for any Losses directly or indirectly suffered by the CAB/HCP, its clients or any third party arising from any event that may result during the validity of the Accreditation agreement 'EIAC-PR-002/FM-005'.

5.2 The CAB/HCP acknowledges that no employee or agent of EIAC owes any personal duty of care to it and that shall not be entitled to bring any claim against any person other than EIAC arising out of or in connection with the Accreditation Agreement 'EIAC-PR-002/FM-005'.

5.3 EIAC shall not perform any duties or services in respect of the CAB/HCP after the date of termination of the Accreditation agreement 'EIAC-PR-002/FM-005'.

6 Health & Safety

6.1 The CAB/HCP shall ensure that EIAC's employees and agents, when attending the CAB's/HCP's or its clients' sites for assessment purposes, are provided with such personal protective equipment as may be necessary to reduce risks to an acceptable level and meet any applicable legal requirements.

6.2 The CAB/HCP shall accept the responsibility for the safety of EIAC authorized representatives and assessors in conducting activities related to accreditation and provide all relevant safety or protective clothing or equipment and disclosing to them any hazards.

7 Indemnity

The CAB/HCP shall indemnify EIAC and its staff lead assessors/external lead assessors/technical assessors/experts/visiting representatives, escorts and observers... etc from and against all expenses, losses, damages and costs that EIAC may sustain or incur as a result directly or indirectly of any loss or damage to any property or injury or death of any person caused by negligent act or omission or willful misconduct by the CAB/HCP in connection with accreditation activities

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8 Appeals & Complaints

8.1 The CAB/HCP can make an appeal in writing against any Accreditation decision made by EIAC, using the appeal notice form within thirty calendar days of receiving the decision.

8.2 Appeals will be processed in accordance with EIAC's Appeals Procedure. The Appeals process flowchart is available on EIAC's website.

8.3 The CAB/HCP can submit a complaint against EIAC using the Governmental complaint System.

9 Granting of Accreditation

9.1 Accreditation shall be granted to the CAB/HCP after successful assessment & subsequent decision-making, and upon the payment of relevant fees.

9.2 Assessment techniques, regular announced/ unannounced periodic assessments shall be conducted to ensure that CAB/HCP complies with the Accreditation criteria. Assessment techniques can include but are not limited to on-site assessment, remote assessment, witnessing, document review, file review, measurement audits, review of performance in proficiency testing and other interlaboratory comparisons, validation audits, unannounced assessments and interviewing.

9.3 The Accreditation is valid for a period of three years and shall be renewed after re-assessment subject to continuing compliance with Accreditation criteria and payment of fees.

10 Extension of Accreditation Scope

10.1 EIAC shall be notified officially upon an official request received from the CAB/HCP three months prior to the scheduled assessment. A Request of Extension form must be submitted properly attached with successfully passed PT results for CAB/HCP.

10.2 If CAB runs an ILC instead, justification is required along with successfully passed result.

10.3 EIAC's case manager will review the request form & reply to CAB/HCP with the acceptance or rejection of the request.

11 Obligations of the CABs

The CAB/HCP obligations listed in EIAC Accreditation Agreement 'EIAC-PR-002/FM-005' are available on EIAC website.

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12 Use of Accreditation Certificate

12.1 The CAB/HCP is not allowed to alter or modify the Accreditation Certificate.

12.2 The CAB/HCP may copy the Accreditation Certificate provided that each copy is clearly identified as a copy.

12.3 The Accreditation Certificate remains the property of EIAC and must be returned immediately if requested by EIAC.

13 Announced/ Unannounced Periodic Assessments

13.1 The accredited CAB/HCP shall be subject to announced/unannounced periodic visits, which shall be carried out such that the time between consecutive on-site assessments does not exceed two years. Additional special assessments may be carried out at the discretion of EIAC and as the need arises.

14 Re-Assessment

Re-assessment shall be conducted before the end of the validity of the accreditation certificate, covering the whole scope during the accreditation cycle in order to renew the accreditation certificate.

15 Sanctions Policy

15.1 General

15.1.1 EIAC accreditation constitutes formal attestation of competence and impartiality. Continuous fulfilment of accreditation requirements is mandatory to maintain confidence in accredited conformity assessment activities.

15.1.2 Where a CAB/HCP fails to fulfil accreditation requirements, EIAC shall take appropriate accreditation decisions in order to safeguard:

a) Integrity and credibility of accreditation.
b) Confidence in accredited conformity assessment results.
c) Public and regulatory trust.
d) Fair and equal treatment of accredited CABs/HCPs.
e) The reputation of international recognition arrangements.

15.1.3 For the purposes of this policy, the term ‘sanctions’ refers collectively and exclusively to the following accreditation decisions:

- Reduction of scope.
- Suspension.

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- Withdrawal.

15.1.4 Sanctions are regulatory measures; they are applied to protect confidence in accreditation and ensure continued compliance with applicable requirements.

15.1.5 Sanctions shall be applied in a manner that is:

• Impartial.
• Transparent.
• Proportionate.
• Based solely on objective documented evidence.
• Consistent with ISO/IEC 17011.

15.1.6 Accreditation decisions shall be independent from assessment activities and taken only after the CAB/HCP has been given opportunity to respond.

15.2 Conditions Leading to Sanctions

15.2.1 EIAC shall impose reduction, suspension or withdrawal where a CAB/HCP fails to fulfil accreditation requirements.

15.2.2 Documented evidence may include, but is not limited to:

a) Nonconformity affecting the capability of the management system to achieve intended results (e.g., testing, calibration, inspection, certification).
b) Persistent, significant, or systemic non-fulfilment affecting competence, impartiality, or implementation of accreditation criteria.
c) Recurrent nonconformities associated with the same issue demonstrating systemic failure.
d) Failure to implement effective corrective actions within agreed timeframes.
e) Failure to address the issues which resulted in suspension adequately or in a timely manner
f) Non-payment of fees within the due date.
g) Misuse, misleading representation, or unauthorized use of EIAC accreditation status, scope, or symbol in reports or certificates.
h) Unethical practices, including issuance of reports or certificates without performing actual work.
i) Providing certification to standards used as a basis for accreditation of CABs (e.g., ISO/IEC 17025, ISO 15189, ISO/IEC 17020, etc.), where prohibited.
j) Significant changes affecting accreditation without prior notification to EIAC as required.

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k) Refusal to undergo scheduled or extraordinary assessments without reasonable justification.

l) Failure to cooperate during assessments, including withholding information, misleading the assessment team, or unprofessional conduct affecting the assessment process.

m) Negative outcome of complaint investigations affecting confidence in accredited activities.

n) Fraudulent behaviour, falsification of records, concealment of information, bribery, collusion, corruption, or deliberate misrepresentation.

o) Total or substantial breakdown in implementation of accreditation requirements affecting quality and integrity of work.

p) Voluntary request from the CAB/HCP for reduction, suspension or withdrawal of accreditation.

q) Any action or situation that objectively undermines confidence in accredited conformity assessment activities.

15.2.3 In determining the appropriate sanction, EIAC shall consider the level of risk posed to confidence in accredited results and the integrity of the accreditation.

15.3 Types of Sanctions

15.3.1 Reduction of Scope

- Reduction of scope shall be applied where non-fulfilment affects part of the accredited activities. The CAB/HCP shall stop all advertising promotions or publications of the fact of accreditation regarding the reduced scope.
- Accreditation shall continue only for activities where compliance is demonstrated.

15.3.2 Suspension

15.3.2.1 Suspension may be:

- Forced (decision issued by EIAC).
- Voluntary (requested by CAB/HCP: if the CAB/HCP has identified a temporary inability to meet the requirements of the accreditation, or if they lack the necessary competence for their activities).

15.3.2.2 Suspension can be 'full', covering entire full scope of accredited activities, or 'partial' covering part of the scope.

15.3.2.3 Suspension shall be applied for a defined period (usually within 6 months although in exceptional circumstances this may be extended up to 9 months) and may be lifted only after verification of effective corrective actions, which may include extraordinary or additional assessments for verification.

15.3.2.4 For voluntary suspension, EIAC shall be notified officially upon an official request received from the CAB/HCP by three months prior to the scheduled assessment. EIAC will take decision and inform the CAB/HCP about

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condition of acceptance of such request. The CAB/HCP is required to clear up all dues and associated costs in this regard.

15.3.2.5 During the suspension period, the CAB/HCP shall:

a) Immediately cease issuing reports, certificates, or results within the suspended scope that reference EIAC accreditation. Subcontracting of suspended activities under the EIAC accreditation claim is not permitted. Halting Accreditation-Related Promotions: Remove all mentions of accreditation in:
   - Marketing & advertising materials.
   - Digital platforms (website, social media) – either remove references or clearly label them as "suspension".

b) Stakeholder Notification: Take necessary actions, as directed by EIAC, to formally notify the following parties about the suspension of accreditation:
   - Staff.
   - Customers.
   - Partners.

15.3.3 Withdrawal

15.3.3.1 Withdrawal of accreditation may take one of the following forms:

- Forced Withdrawal: a decision issued by EIAC.
- Voluntary Withdrawal: requested by the CAB/HCP.

15.3.3.1.1 Forced Withdrawal

The accreditation of a CAB/HCP may be forcibly withdrawn where the CAB/HCP is involved in situations that include, but are not limited to, the following:

a) Failure to take corrective action(s) to eliminate the matter of suspension within six (6) months from the date of suspension.
b) Failure to lift a voluntary suspension within six (6) months from the date of suspension.
c) Total collapse in the implementation of accreditation criteria that affects the quality of work.
d) Judicial determination of fraud or criminal conduct.
e) Proven bribery or corruption.
f) Deliberate falsification of records
g) Valid withdrawal by another MLA/MRA signatory AB (for CAB) due to fraud.
h) Expiry of accreditation during suspension: where a CAB's/HCP's accreditation certificate expires while under suspension including but not limited to: suspension due to failure to close nonconformities (NCRs) within the specified timeframe, or failure to allow the scheduled renewal/re-assessment visit to be conducted, and the suspension has not been lifted prior to the expiry date, the accreditation shall be automatically deemed

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withdrawn. The CAB/HCP shall be required to submit a new application and undergo the full accreditation process to regain accredited status.

Exception: Where the CAB/HCP *has demonstrated active and documented cooperation in resolving the suspension conditions and requests an extension prior to the expiry date, EIAC may, at its sole discretion, grant a limited extension not exceeding (15 wds). This exception shall not apply to cases of non-payment or refusal to permit the renewal visit.*

15.3.3.1.2 Voluntarily withdrawal: the CAB/HCP must submit an official request to EIAC at least three months prior to the scheduled assessment. EIAC will review the request, issue a decision, and inform the CAB/ HCP of the conditions for its acceptance. The CAB/HCP is required to settle all outstanding dues and associated costs before the withdrawal is finalized.

15.3.3.2 Where judicial or regulatory proceedings have satisfied due process, EIAC may rely on such determinations as objective evidence.

15.3.3.3 Certificates and reports already issued remain unaffected, as they were issued before the sanction was applied - unless it transpires that they were issued incorrectly, in which case the CAB/HCP shall contact the affected clients to withdraw the certificate or report.

15.3.3.4 Following withdrawal of accreditation (including cancellation), the CAB/HCP must adhere to the following mandatory actions:

a) Immediate Cessation of Issuance: stop issuing any certificates, reports, or documents bearing the accreditation symbol or referencing accreditation.

b) Discontinuation of Accreditation Symbols & Marks: cease all use of the accreditation symbol.

c) Halting Accreditation-Related Promotions: remove all mentions of accreditation from certificates and reports, marketing and advertising materials, and digital platforms (website, social media), either by removing the references or by clearly labelling them as “withdrawn”.

d) Stakeholder Notification: take the necessary actions, as directed by EIAC, to formally notify staff, customers, and partners of the withdrawal of accreditation.

15.3.3.5 Withdrawal terminates the whole accreditation status. Reapplication requires the CAB/HCP to undergo the full accreditation process, except in cases of withdrawal on Legal/Criminal grounds, where the CAB/HCP shall not, under any circumstances, be permitted to reapply for accreditation.

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Withdrawal Classification Table

The table below distinguishes the type of accreditation action from its underlying reason/cause:

Withdrawal Type	Classification	Reason / Cause	Example
Voluntary Withdrawal	Voluntary	CAB/HCP -initiated request, no wrongdoing	• CAB/HCP submits an official request to withdraw at least 3 months prior to the scheduled assessment • CAB/HCP ceases operations or restructures its business and no longer requires accreditation • CAB/HCP does not wish to renew accreditation upon expiry • CAB/HCP merges with a non-accredited entity and requests for the withdrawal of its existing accreditation • CAB/HCP changes its scope of business such that accreditation is no longer required
Forced Withdrawal	Administrative	Failure to take corrective action(s) to eliminate the matter of suspension within 6 months from the date of suspension	• CAB/HCP does not close the nonconformities causing suspension within the 6-month period
		Failure to lift a voluntary suspension within 6 months from the date of suspension	• Voluntary suspension remains unresolved beyond the 6 month timeframe • CAB/HCP does not respond to EIAC's requests for status updates during the suspension period

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Withdrawal Type	Classification	Reason / Cause	Example
		Total collapse in the implementation of accreditation criteria affecting the quality of work	• Systemic breakdown in the CAB's/HCP's application of accreditation requirements • Repeated, sector-wide failures across multiple assessments indicating the CAB's/HCP's quality system is no longer functioning
		Expiry of accreditation while under suspension	• Accreditation certificate expires before a suspension (e.g., non-payment, unresolved NCRs, refusal of renewal visit) is lifted • CAB/HCP allows its certificate to lapse without requesting the permitted extension under the documented-cooperation exception
	Legal/ Criminal	Judicial determination of fraud or criminal conduct	• Court ruling establishing criminal conduct by the CAB/HCP or its representatives • Regulatory authority legally cancels the CAB's/HCP's operating license following a criminal conviction • Court-ordered cessation of the CAB's/HCP's legal operations • Senior management convicted of a crime directly related to accreditation activities (e.g., manipulation of assessment results)

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Withdrawal Type	Classification	Reason / Cause	Example
	Fraud/ Integrity	Proven bribery or corruption	• Evidence of bribery or corruption established through investigation or judicial process • CAB/HCP staff or assessors found to have offered or accepted payments to influence assessment outcomes
		Deliberate falsification of records, false information, or concealment	• CAB/HCP knowingly submits falsified assessment records or compliance documentation • CAB/HCP deliberately provides false information to EIAC during assessment or renewal • CAB/HCP conceals material information (e.g., conflicts of interest, adverse findings) from EIAC
Forced Withdrawal	MLA/MRA-related	Valid withdrawal by another MLA/MRA signatory AB due to fraud	• A peer Accreditation Body withdraws the CAB's/HCP's accreditation on fraud grounds under a mutual recognition arrangement • International body (e.g., Global ACI) notifies EIAC of serious breach/ fraudulent activity by the CAB.

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15.4 Publication

15.4.1 EIAC shall publish current accreditation status including reductions, suspensions, withdrawals and cancellations on its official website.

15.4.2 Publication shall respect confidentiality and applicable legal obligations. Accordingly, EIAC shall not disclose the reasons for imposing a sanction, and any inquiries shall be directed at the concerned CAB/HCP, unless disclosure is required by law or regulatory authorities.

15.4.3 EIAC may notify relevant regulators, authorities, and recognition arrangements where appropriate.

15.5 Reinstatement and Re-Eligibility

15.5.1 Suspension may be lifted only after EIAC verifies that the CAB/HCP has demonstrated fulfilment of accreditation requirements.

15.5.2 Verification may include on-site assessment or other appropriate evaluation techniques. A CAB/HCP whose accreditation has been withdrawn may submit a new application subject to:

a) Completion of the full accreditation process.
b) Demonstration of required competence and impartiality.
c) Clearance of any outstanding obligations.
d) EIAC's discretionary acceptance of the application.

15.5.3 Where withdrawal resulted from fraudulent or criminal behaviour, EIAC may require a defined cooling-off period before accepting a new application.

15.5.4 Accreditation following withdrawal shall require full assessment and confirmation that confidence in the CAB/HCP has been re-established.

16 Subcontracted Test, Calibration Inspection or Certification

16.1 As per EIAC-RQ-GEN-002, EIAC allows the accredited CAB/HCP to include results of subcontracted work in its endorsed reports/certificates with the accreditation symbol subject to the following actions taken by the accredited CAB/HCP:

16.1.1 The CAB shall inform the client of its intention to subcontract any part of the testing/ calibration/ inspection or certification and seek their approval,

16.1.2 The HCP shall inform the client of its intention to subcontract any part of healthcare activities and seek their approval and,

16.1.3 The CAB/HCP shall take full responsibility for the subcontracted work with a disclaimer of what was subcontracted.

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17 Notification of Change

17.1 The CAB/HCP shall inform EIAC, without delay, of significant changes relevant to its accreditation, in any aspect of its status or operation relating to:

a) its legal, commercial, ownership or organizational status,
b) the organization, top management and key personnel,
c) resources and premises,
d) scope of accreditation, and
e) Other such matters that may affect the ability of the CAB/HCP to fulfill requirements for accreditation.

17.2 If the major or radical changes are related to CAB's/HCP's management or documentation systems, the CAB/HCP must officially notify EIAC of such changes without any delay.

17.3 If the changes are related to CAB's/HCP's relocation, CAB/HCP shall immediately notify EIAC and the CAB shall not use the EIAC-ILAC-MRA logo in its reports during the period of shifting until further notification is received by EIAC. The following documents shall be submitted to facilitate the process of witnessing the new location:

- Shifting Plan,
- Equipment Transferring Plan & Procedure,
- Last Service Certificate provided in the Old Location,
- Fixed Equipment Calibration Certificate,
- First Service Certificate provided in the New Location,
- Shifting Risk Assessment & Consequences,
- The new location (including a location map).
- The updated trade license

17.4 The assigned Assessment Team will cover 100% of the CAB's/HCP's affected scope as a result of relocation. The certificate will be updated to reflect the new location once the decision is made regarding the visit package.

17.5 If the surveillance or reassessment is not scheduled after the client completes the shifting plan, an extraordinary visit may be conducted. The decision to conduct an extraordinary visit will depend on EIAC's case manager, the CAB's/HCP's readiness, and the assessors' availability.

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18 Specific Requirements for Technical Competence

18.1 EIAC defines specific technical requirements for competence regarding personnel, equipment, test methods, quality control and reporting for each type of CAB within their respective requirements' documents; for example EIAC-RQ-LB-001: Accreditation Requirements of Food and Environmental Laboratories, EIAC-RQ-IB-001: General Accreditation Requirements for Inspection Bodies, EIAC-RQ-CB-001: Accreditation Requirements for Certification Bodies of Management Systems Certification, EIAC-RQ-PT-01: Accreditation Scheme for Proficiency Testing Provider (PTP) and EIAC-RQ-CB-011 Accreditation requirements for Validation/Verification Bodies

18.2 EIAC defines the minimum amount of participation in proficiency testing schemes for its applicants and accredited laboratories in proficiency testing programs conducted by competent national or international PT Providers to be:

- One activity prior to gaining Accreditation to each major sub discipline of a laboratory's scope of application,
- One activity relating to each major sub discipline of a laboratory's scope of accreditation within 3 years, a plan of the 3 years cycle of PTP participation shall be available.

18.3 In case competent national or international PT Provider in specific field is not available, CAB is allowed to run Inter-Laboratory Comparison (ILC) or measurement audit. Justification is required along with successfully passed results. ILC providers shall be accredited by ILAC MRA Signatories in the requested test/ activity in the similar range and shall have better Measurement Uncertainty (MU)/ Calibration and Measurement Capability (CMC) compared with the CAB itself.

See the table below for the areas in the accreditation scope which are necessary to demonstrate the competence of a laboratory for the main field of activities by PT prior to accreditation:

Major Sub Disciplines	Areas in the accreditation scope necessary for demonstrating the competence of a laboratory
General Testing	
Physical and Mechanical Testing of Materials other than food and beverages	One activity in any Physical and Mechanical testing.
Environmental or Chemical Testing of Materials other than food and beverages	One activity in any Chemical testing.
Biological or Microbiological Testing of Materials other than food and beverages	One activity in any Biological or Microbiological testing.
Testing of Food and Beverages/ Chemical Analysis	One activity in any Chemical testing.

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Major Sub Disciplines	Areas in the accreditation scope necessary for demonstrating the competence of a laboratory
Testing of Food and Beverages/ Microbiological Analysis	One activity in any Microbiological testing.
Medical Testing	
Microbiological Analysis	One activity in Microbiology Analysis.
Pathology Analysis	One activity in Pathology Analysis.
Histocompatibility Analysis	One activity in Histocompatibility Analysis.
Immunohematology Analysis	One activity in Immunohematology Analysis.
Diagnostic Immunology Analysis	One activity in Diagnostic Immunology Analysis.
Clinical Cytogenetics Analysis	One activity in Clinical Cytogenetics Analysis.
Chemical Analysis	One activity in Chemistry Analysis.
Hematology Analysis	One activity in Hematology Analysis.
Radio bioassay Analysis	One activity in Radio bioassay Analysis.
Calibration	One activity in any of the particular calibration fields such as: • Force • Mass • Length • Pressure • Temperature • Electrical Measurements

18.4 EIAC shall treat all proprietary information as confidential and shall not be disclosed to any third party without prior written consent by the CAB.

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19 References

19.1 EIAC Accreditation Agreement 'EIAC-PR-002/FM-005'.

19.2 Law No. 2/ 2010 regarding arranging the operation of conformity assessment bodies operating in the Emirate of Dubai.

19.3 Law No. (27) of 2015 Establishing the Emirates International Accreditation Centre.

19.4 ISO/IEC 17000 "Conformity assessment - Vocabulary and general principles".

19.5 ISO/ IEC 17011 "Conformity assessment - Requirements for accreditation bodies accrediting conformity assessment bodies".

19.6 ISO/IEC 17020 "Conformity assessment - Requirements for the operation of various types of bodies performing inspection".

19.7 ISO/ IEC 17021-1 "Conformity Assessment- Requirements for Bodies Providing Audit and Certification of Management Systems Part 1: Requirements".

19.8 ISO/ IEC TS 17021-2 "Conformity assessment - Requirements for bodies providing audit and certification of management systems - Part 2: Competence requirements for auditing and certification of environmental management systems".

19.9 ISO/ IEC TS 17021-3 "Conformity assessment - Requirements for bodies providing audit and certification of management systems - Part 3: Competence requirements for auditing and certification of quality management systems".

19.10 ISO 17021-9 "Conformity assessment - Requirements for bodies providing audit and certification of management systems - Part 9: Competence requirements for auditing and certification of anti-bribery management systems".

19.11 ISO/IEC 17024 "Conformity assessment - General requirements for bodies operating certification of persons".

19.12 ISO/ IEC 17025 "General requirements for the competence of testing and calibration laboratories".

19.13 ISO/ IEC 17043 "Conformity assessment - General requirements for proficiency testing".

19.14 ISO/IEC 17065 "Conformity Assessment - Requirements for bodies certifying products, processes and services".

19.15 ISO/ IEC 27006 "Information technology - Security techniques - Requirements for bodies providing audit and certification of information security management systems".

19.16 ISO/IEC 17029 "Conformity assessment - General principles and requirements for validation and verification bodies".

19.17 ISO 20387 "Biotechnology - Biobanking - General requirements for biobanking".

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19.18 ISO 13528 “Statistical methods for use in proficiency testing by interlaboratory comparison”.

19.19 ISO 15189 “Medical laboratories - Requirements for quality and competence”.

19.20 ISO 14065, General principles and requirements for bodies validating and verifying environmental information.

19.21 IAF Mandatory Documents (MD Series) - IAF MD 12 “Accreditation Assessment of Conformity Assessment Bodies with Activities in Multiple Countries”.

19.22 ILAC Guidance Documents (G Series) - G21 “Cross-Frontier Accreditation Principles for Cooperation”.

19.23 IAF Mandatory Documents (MD Series) - IAF MD 15 “Dealing with Fraudulent Behavior”.

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20 Annex (1): EIAC Requirements for Accreditation

Mandatory Documents which are required to be used by accredited and applicants CABs for best practices in applying and interpreting the accreditation criteria:

20.1 Publications related to all CABs

CAB's type	Related Requirement	Requirement No.
General	General Accreditation Requirements	EIAC-RQ-GEN-001
	The Conditions for the Use of EIAC Accreditation Symbol and ILAC MRA/ IAF MLA Marks	EIAC-RQ-GEN-002
	Accreditation Services Fee Structure	EIAC-RQ-GEN-003
	Establishing & Extending Accreditation Schemes	EIAC-RQ-GEN-004
	EIAC Requirements on Metrological Traceability of Measurement Results	EIAC-RQ-GEN-005
	Guideline for Extraordinary Circumstances Affecting the Assessment Process	EIAC-GD-GEN-001
	Guidance for Accreditation process	EIAC-GD-GEN-004
Policies	EIAC Policy on Cross Frontier Accreditation	EIAC-PL-001
	EIAC Policy on the Responsible Use of Artificial Intelligence (AI) in Conformity Assessment Activities	EIAC-PL-007

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20.2 Publications related to Laboratories:

CAB's type	Related Requirement	Requirement No.
Laboratories	Accreditation Requirements of Food and Environmental Laboratories	EIAC-RQ-LB-001
	Accreditation Requirements of Construction Materials & Geo-technical Investigation Testing Laboratories	EIAC-RQ-LB-002
	Accreditation Requirements for Calibration Laboratories	EIAC-RQ-LB-003
	Accreditation Requirements for Medical Field Testing	EIAC-RQ-LB-004
	EIAC Requirements on Measurement Uncertainty in Testing, Calibration and Clinical/Medical Laboratories	EIAC-RQ-LB-011

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20.3 Publications related to Inspection Bodies

CAB's type	Related Requirement	Requirement No.
Inspection Bodies	General Accreditation Requirements for Inspection Bodies	EIAC-RQ-IB-001
	Accreditation Requirements for Inspection Bodies working in the field of Lifting Equipment and Lifting Accessories	EIAC-RQ-IB-002
	Accreditation Requirements for Inspection Bodies working in the field of Scaffolds	EIAC-RQ-IB-003
	Accreditation Requirements of Inspection Bodies for Pressure Equipment	EIAC-RQ-IB-004
	Accreditation Requirements of Inspection Bodies Non Destructive Testing And Evaluation	EIAC-RQ-IB-005
	Accreditation Requirements for the Inspection Bodies in the Field of Fairground and Amusement Machine and Structure	EIAC-RQ-IB-006
	Accreditation Requirements for Inspection Bodies Covering Disinfection Process Inspection scope of work	EIAC-RQ-IB-008

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20.4 Publications related to Certification Bodies

CAB's type	Related Requirement	Requirement No.
Certification Bodies	Accreditation Requirements for Certification Bodies of Management Systems Certification	EIAC-RQ-CB-001
	Accreditation Requirements of Certification Bodies for Food Safety Management Systems (FSMS) and HACCP	EIAC-RQ-CB-002
	Accreditation Requirements for Certification Bodies of Certification of Information Security Management System	EIAC-RQ-CB-003
	Accreditation Requirements of Product Certification Bodies	EIAC-RQ-CB-004
	Supplementary Requirements to EIAC-RQ-CB-004- Specific Accreditation Requirements of Certification Bodies for Construction Products	EIAC-RQ-CB-005
	Accreditation Requirements for Certification Bodies of Certification of Persons- Lifting Equipment	EIAC-RQ-CB-006
	Accreditation Requirements for Certification Bodies Providing Certification of Persons "Lifeguard"	EIAC-RQ-CB-007
	Accreditation Requirements for Certification Bodies Providing Certification of Persons Fairground & Amusement Equipment	EIAC-RQ-CB-009
	Accreditation requirements for Certification Bodies of Tolerance and Coexistence Management Systems Certifications	EIAC-RQ-CB-010
	Accreditation requirements for Certification Bodies providing certifications to Health and Safety officers working in laborers' accommodations	EIAC-RQ-CB-012

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20.5 Publications related to PT Providers

CAB's type	Related Requirement	Requirement No.
PT Providers	Accreditation Scheme for Proficiency Testing Provider (PTP)	EIAC-RQ-PT-01

20.6 Publications related to Validation/Verification Bodies

CAB's type	Related Requirement	Requirement No.
Validation/Verification Bodies	Accreditation requirements for Validation/Verification Bodies	EIAC-RQ-CB-011

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