

Scope:

This laboratory quality policy reinforces to customers and staff the commitment that Phoenix Pathology has to high standards of quality compliance and service.

Phoenix Pathology perform all its work to the highest possible level of quality and compliance. UK's National Accreditation Body (UKAS), and Good Clinical Practice (GCP) are the minimum foundations upon which the standards of work are based.

Policy:

The laboratory management is committed to providing the highest quality service and has developed and implemented a QMS (Quality Management System). The laboratory is currently working towards UKAS accreditation.

The purpose of the QMS is to provide a framework for directing and managing activities carried out by laboratory staff, which is essential to providing a high-quality service that meets the needs and requirements of our users.

In order to ensure the needs and requirements of users are met, Phoenix Pathology will:

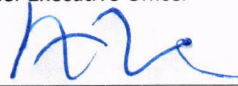
- Operate a QMS to integrate the organisation, procedures, processes and resources.
- Establish quality objectives and plans to achieve them and review the objectives periodically.
- Ensure that all personnel are familiar with this Quality Policy, the Quality Manual and related processes to ensure user satisfaction.
- Commit to the Health, Safety and Welfare of their staff, customers and visitors.
- Comply with the relevant environmental legislation.
- Uphold professional values and commit to good professional practice and conduct.

The laboratory is committed to ensuring compliance with the ISO 15189:2012 standards. This includes a commitment to:

- Staff recruitment, training, development and retention at all levels to provide a full and effective service to its users.
- The proper procurement and maintenance of equipment and other resources as are needed for the provision of the service.
- The collection, reception, transport, handling and referral of all specimens in such a way as to ensure the correct and safe performance of laboratory examinations.
- To monitor the quality of referral laboratories.
- Reporting results of examinations in ways which are timely, accurate and clinically useful.
- The assessment of user satisfaction, in addition to internal audit and external quality assessment, in order to produce continual quality improvement.

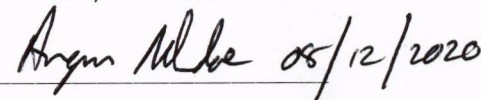
Andrew Barker

Chief Executive Officer



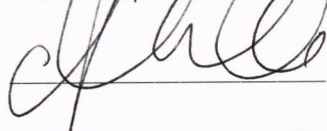
Angus McIndoe

Laboratory and Medical Director



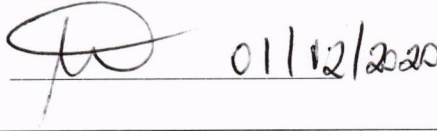
Aleks Mcnee

Director of Operations



Michel Pelisser

Head of Pathology Services



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