

To all AAVLD Accreditation Committee Audit Pool Members,

Information for our February Auditor Pool Training is now available. The training will occur on Wednesday February 8, 2023, from 8:00 am to 5:00 pm PDT in Las Vegas, NV.

This event requires registration through the AAVLD Website and payment of the \$100 training fee.

Please log in and scroll down to quick links and click on the Audit Pool training link where you can register and pay.

We hope to see you at the one-day training session in February. The last day to register will be February 1, 2023.

This year, training will focus on the following topics:

1. Review of AAVLD Audit Pool and Site Visit procedures
2. Review of the 2021 AAVLD Requirements
3. AAVLD Audits and Auditing Techniques
4. Writing Non-conformances

Please note the following AAVLD Accreditation Committee Audit Pool member criteria:

1. Approval to participate from the Audit Pool member's Laboratory Director
2. Current AAVLD member
3. Expertise in one or more laboratory disciplines
4. Participate in an approved training at least every 2 years (See current version of AC SOP AC 5)
5. Submit completed or updated application form and Curriculum Vitae (CV) (Application is attached)

After completing the online registration on the AAVLD web site please respond to Monica King (kingmo@msu.edu) no later than February 1, 2023, with the following:

1. RSVP for the February 8, 2023, Auditor Pool Training
2. Complete the attached [Audit Pool Member Information.pdf](#), including your Laboratory Director's approval signature.
3. Updated CV if there has been any significant change (in your email to Monica, please indicate if no significant changes have been made)

If you have any questions, please let me know.

David Korcal

AAVLD Accreditation Committee

korcal@msu.edu

Appendix I: AAVLD Accreditation Program Audit Pool Member Information

Each member of the AAVLD Accreditation Program Auditor Pool must be a member of AAVLD. Are you currently an AAVLD member? ☐ Yes ☐ No (check one)

Check One:

_____ I want to be a member of the AAVLD Accreditation Program Audit Pool and will complete required training.

_____ I want to attend training but DO NOT want to be a member of the AAVLD Accreditation Program Audit Pool.

First Name		Last Name			
Title					
Laboratory Name					
<i>Laboratory address for letters</i>					
Address 1					
Address 2					
City		State		Zip Code	
<i>Laboratory address for packages – <input type="checkbox"/> Check if same as address above</i>					
Address 1					
Address 2					
City		State		Zip Code	

Subject Matter Expertise (check all that apply)

<input type="checkbox"/> Analytical Chemistry	<input type="checkbox"/> Laboratory Management/Administration
<input type="checkbox"/> Anatomic Pathology (Necropsy/Histopathology)	<input type="checkbox"/> Molecular Diagnostics
<input type="checkbox"/> Bacteriology/Mycolology	<input type="checkbox"/> Parasitology
<input type="checkbox"/> Clinical Pathology	<input type="checkbox"/> Quality Management
<input type="checkbox"/> Fisheries/Aquaculture	<input type="checkbox"/> Serology
<input type="checkbox"/> Epidemiology	<input type="checkbox"/> Toxicology
<input type="checkbox"/> Information Technology	<input type="checkbox"/> Virology

Auditing training – list all training in past 3 years and any certifications related to auditing

*If additional space is needed, please attach.

Auditing experience – List audits conducted in past 3 years and role (specify if AAVLD, other external audits, or internal audits)

*If additional space is needed, please attach.

Statement of Authorization:

By signing below, I indicate my support for the laboratory employee listed above to participate in the AAVLD Accreditation Program Auditor Pool. I understand that the employee will be expected to participate in training at least every 2 years at our laboratory's expense. I also understand that the employee may be asked to participate in site visits on an annual basis. While the costs of travel to the site visit, lodging and meals will be reimbursed by AAVLD, I understand that salary of the employee is covered by my laboratory.

Laboratory Director's Name	Signature	Date

AAVLD Accreditation Committee
Confidentiality and Conflict of Interest Statements
For Audit Pool Members
AC 17 Version 2016-03

I understand that during the course of AAVLD Accreditation site visits and audit activities I may observe and obtain information that is considered confidential or proprietary by the laboratory. As a member of an AAVLD Accreditation site visit team I agree that use of this information will be restricted to confidential AAVLD accreditation reports and related discussion of the information as necessary to the AAVLD Accreditation review process. I agree to maintain the confidentiality of all proprietary laboratory information obtained in the course of the site visit, audit and committee processes.

Further, Accreditation Committee Audit Pool members are restricted from using laboratory confidential or proprietary information to directly benefit their own laboratory, and to recuse themselves from activities when a conflict of interest exists.

I hereby attest that I understand the need for confidentiality.

I recognize the need to recuse myself from activities when a conflict of interest exists

I agree to comply with the above policy in relation to my role as a member of the AAVLD Accreditation Committee Audit Pool.

Name (*Please print*): _____

Signature: _____

Date: _____