

AKREDİTASYON SERTİFİKASI

Tıbbi Deney Laboratuvarı olarak faaliyet gösteren,

ISTANBUL LABORATUVARLARI TİCARET ANONİM ŞİRKETİ

Merkez Adres: KAPTANPAŞA MAH.ORTADOĞU PLAZA PİYALEPAŞA BULVARI K.4 NO:73/D9 ŞİŞLİ İstanbul / Türkiye

TÜRKAK tarafından yapılan denetim sonucunda TS EN ISO 15189:2013 standardına göre Ek'te yer alan kapsamlarda akredite edilmiştir.

Akreditasyon No: AB-0032-TL

Akreditasyon Tarihi: 19.02.2016

Revizyon Tarihi / No: 15.05.2023 / 03

Bu Sertifika, yukarıda açık adı ve adresi yazılı Kuruluşun TS EN ISO 15189:2013 Standardına, ilgili Yönetmelik ve Tebliğlere uygunluğunu sürdürmesi halinde **17.02.2024** tarihine kadar geçerlidir.

Gülden Banu Müderrisoğlu Genel Sekreter

Türk Akreditasyon Kurumu (TÜRKAK) ISO 15189 alanında Avrupa Akreditasyon Birliği (EA) ve Uluslararası Laboratuvar Akreditasyon Birliği (ILAC) ile çok taraflı anlaşma (MLA/MRA) imzalamıştır.



ISTANBUL LABORATUVARLARI TİCARET ANONİM ŞİRKETİ

Akreditasyon No: AB-0032-TL Revizyon No: 03 Tarih: 15.05.2023

Tıbbi Deney Laboratuvarı

Adresi : KAPTANPAŞA MAH.ORTADOĞU PLAZA PİYALEPAŞA BULVARI K.4 NO:73/D9 ŞİŞLİ İstanbul / Türkiye

Telefon Fax E-Posta Web Sitesi

: info@synevo.com : www.synevo.com.tr

Bioc	hem	istry
------	-----	-------

Medical Fields, Materials or Products Examined / Tested	Examination-Test- Parameter	Testing Method (National, International Standards, In-house Methods (SOP)/ Equipment/Techniques Used	Taking Primary Samples
Serum, Plasma	Glucose	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Enzymatic Photometric	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum, Plasma Creatinine	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood	
		Enzymatic Photometric	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum, Urine Calsium (Ca)	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood, Urine	
		Photometric	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum, Urine Phosphorus (P)	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood, Urine	
		Photometric UV	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum, Plasma Triglyceride	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood	
		Enzymatic Photometric	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	



İSTANBUL LABORATUVARLARI TİCARET ANONİM ŞİRKETİ

Akreditasyon No: AB-0032-TL Revizyon No: 03 Tarih: 15.05.2023

Tıbbi Deney Laboratuvarı

Adresi : KAPTANPAŞA MAH.ORTADOĞU PLAZA PİYALEPAŞA BULVARI K.4 NO:73/D9 ŞİŞLİ İstanbul / Türkiye

Serum, Plasma	Total Cholesterol	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Enzymatic Photometric	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
		Device Name / Brand / Woder	
Serum, Plasma	HDL	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Enzymatic Photometric	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
		Device Name / Brand / Woder	
Serum, Plasma	ALT	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Kinetic UV	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
		Devise Hame, Drane, meas.	
Serum, Plasma	LDH	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Kinetic UV	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum, Plasma	GGT	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Kinatia Dhatamatria	
		Kinetic Photometric	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum, Plasma	Total Bilirubin	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Dhatasatis	
		Photometric	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	



İSTANBUL LABORATUVARLARI TİCARET ANONİM ŞİRKETİ

Akreditasyon No: AB-0032-TL Revizyon No: 03 Tarih: 15.05.2023

Tıbbi Deney Laboratuvarı

Adresi : KAPTANPAŞA MAH.ORTADOĞU PLAZA PİYALEPAŞA BULVARI K.4 NO:73/D9 ŞİŞLİ İstanbul / Türkiye

		Web dited . www.synevo.com.ti	
Serum, Plasma	Direct Bilirubin	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Photometric	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum, Urine	Magnesium (Mg)	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood, Urine
		Photometric	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum	Iron (Fe)	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Photometric	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum, Plasma	Free T3	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Chemiluminescent Immune Measurement	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum, Plasma	Free T4	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Chemiluminescent Immune Measurement	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum	TSH	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Chemiluminescent Immune Measurement	
		SOP No. / Rev. No. Device Name / Brand / Model	
		Device Name / Diana / Model	



İSTANBUL LABORATUVARLARI TİCARET ANONİM ŞİRKETİ

Akreditasyon No: AB-0032-TL Revizyon No: 03 Tarih: 15.05.2023

Tıbbi Deney Laboratuvarı

Adresi : KAPTANPAŞA MAH.ORTADOĞU PLAZA PİYALEPAŞA BULVARI K.4 NO:73/D9 ŞİŞLİ İstanbul / Türkiye

Serum, Plasma	FSH	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Chemiluminescent Immune Measurement	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum, Plasma	LH	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Chemiluminescent Immune Measurement	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum, Plasma	Prolactin	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Chemiluminescent Immune Measurement	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum, Plasma	Estradiol	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Chemiluminescent Immune Measurement	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum	Progesterone		
33.3	1 rogesterone	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
	Trogesterone	written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
	Trogesterone	written one under the other. If typing the device name is not applicable, it	Blood
	Trogesterone	written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ## Chemiluminescent Immune Measurement	Blood
Serum, Plasma	Total Testosterone	written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ## Chemiluminescent Immune Measurement SOP No. / Rev. No.	Blood
		written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ## Chemiluminescent Immune Measurement SOP No. / Rev. No. Device Name / Brand / Model ## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	
		written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ## Chemiluminescent Immune Measurement SOP No. / Rev. No. Device Name / Brand / Model ## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it	



İSTANBUL LABORATUVARLARI TİCARET ANONİM ŞİRKETİ

Akreditasyon No: AB-0032-TL Revizyon No: 03 Tarih: 15.05.2023

Tıbbi Deney Laboratuvarı

Adresi : KAPTANPAŞA MAH.ORTADOĞU PLAZA PİYALEPAŞA BULVARI K.4 NO:73/D9 ŞİŞLİ İstanbul / Türkiye

Serum	Total PSA	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Chemiluminescent Immune Measurement	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum, Amniotic Fluid	AFP	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood, Amniotic Fluid
		Chemiluminescent Immune Measurement	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum	Free PSA	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Chemiluminescent Immune Measurement	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum	CEA	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Chemiluminescent Immune Measurement	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum, Plasma	CA 15-3	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Chamilumin accept Immuna Maccurement	
		Chemiluminescent Immune Measurement SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum, Plasma	CA 125	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Chamiluminascant Immuna Massurament	
		Chemiluminescent Immune Measurement SOP No. / Rev. No.	
		Device Name / Brand / Model	



İSTANBUL LABORATUVARLARI TİCARET ANONİM ŞİRKETİ

Akreditasyon No: AB-0032-TL Revizyon No: 03 Tarih: 15.05.2023

Tıbbi Deney Laboratuvarı

Adresi : KAPTANPAŞA MAH.ORTADOĞU PLAZA PİYALEPAŞA BULVARI K.4 NO:73/D9 ŞİŞLİ İstanbul / Türkiye

		· · · · · · · · · · · · · · · · · · ·	
Serum, Plasma	CA 19-9	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Chemiluminescent Immune Measurement	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
		Device Name / Brand / Woder	
Serum, Plasma	Folic acid	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Chemiluminescent Immune Measurement	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
		Devide Name / Brand / Wodel	
Serum, Plasma	Ferritin	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Chemiluminescent Immune Measurement	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum	Insulin	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Chemiluminescent Immune Measurement	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Serum	Total IgE	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Chemiluminescent Immune Measurement	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
Plasma	PT	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ##	Blood
		Coagulometry	
		SOP No. / Rev. No.	
		Device Name / Brand / Model	
	<u>[</u>		



İSTANBUL LABORATUVARLARI TİCARET ANONİM ŞİRKETİ

Akreditasyon No: AB-0032-TL Revizyon No: 03 Tarih: 15.05.2023

Tıbbi Deney Laboratuvarı

Adresi : KAPTANPAŞA MAH.ORTADOĞU PLAZA PİYALEPAŞA BULVARI K.4 NO:73/D9 ŞİŞLİ İstanbul / Türkiye

Whole Blood	Blood type	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ## Gel Centrifugation SOP No. / Rev. No. Device Name / Brand / Model	Blood
Plasma	APTT	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ## Coagulometry SOP No. / Rev. No. Device Name / Brand / Model	Blood
Plasma	Fibrinogen	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part. ## Optic SOP No. / Rev. No. Device Name / Brand / Model	Blood



İSTANBUL LABORATUVARLARI TİCARET ANONİM ŞİRKETİ

Akreditasyon No: AB-0032-TL Revizyon No: 03 Tarih: 15.05.2023

Microbiology			
Medical Fields, Materials or Products Examined / Tested Examination-Test-Parameter	Examination-Test- Parameter	Testing Method (National, International Standards, In-house Methods (SOP)/ Equipment/Techniques Used	Taking Primary Samples
Stool	Stool Culture	## The following spelling is given as an example and the operating method, the instruction / sop number of the method and the device name (together with the brand and model) shall be updated. The information should be written one under the other. If typing the device name is not applicable, it should be written "manually" in this part . ## Culture Method SOP No./Rev. No. Manually	Stool