

Referrer/Supplier/Service Selection Scoring Matrix

Referral lab/Supplier/Service name and address	
Tests or services to be part of this selection	
Selection Team / individual	
Date	

Dimension / Task	Weighting for each dimension (1 is least important 5 is most)	Score for each dimension (1 is poor score 5 is best)	Total score for dimension (Weighting x score)
Provides the required test, service or second opinion?	5		
Is competent to perform such a test, service or second opinion?	5		
Demonstrate there are no conflicts of interest?	4		
Regulatory requirements in its jurisdiction, accreditation by a recognised accreditation authority and/or complies with CDDFT Quality Management specifications?	4		
where required, participates in an appropriate external quality assurance program or internal scheme if no external scheme is available?	3		
provides turnaround times that meet the laboratory and clinical needs?	3		
Cost for the service	1		
Total Score			

Referral lab / Supplier / Service Approved	
Approver (Team or individual)	
Date of approval	