

GOVERNMENT ANALYST DIVISION
MINISTRY OF HEALTH AND WELLNESS
1ST FLOOR, NATIONAL LABORATORIES COMPLEX
REDUIT 80835, MAURITIUS

TEL: 4665601, 4662134 FAX: 4661621 EMAIL: moh-gad@govmu.org

Issue 1 Rev 2
GAD/DI/095
Page 1 of 2

REQUEST FORM FOR TRACE METAL ANALYSIS IN BODY FLUIDS FROM PRIVATE CUSTOMER

1. INFORMATION (TO BE FILLED BY REPRESENTATIVE FROM INSTITUTION SUBMITTING SAMPLES)

Institution Name[†] :

Institution Address[†] :

Contact Person :

Position/status :

Signature : Date :

Tel No : Fax No : Email Address :

**OFFICIAL
STAMP**
(If available)

2. SAMPLE INFORMATION (TO BE FILLED REPRESENTATIVE FROM INSTITUTION REQUESTING THE ANALYSIS)

Sample Type : ☐ Whole blood ☐ Clotted blood ☐ Serum ☐ Urine ☐ 24-Hour Urine

Type of Container/Tube : ☐ EDTA/ Heparin ☐ Plain ☐ Other:

Specific Storage Conditions : ☐ Not Applicable ☐ Yes (Specify) :

| Sr No | Patient`s/ Employee`s Surname [†] | Patient`s/ Employee`s Other Names [†] | Gender (M/F) | Age (Year) | Job description | Laboratory Sample Reference No. (Laboratory use) |
|-------|--------------------------------------------------|---------------------------------------------------|-----------------|---------------|-----------------|--------------------------------------------------------|
| | | | | | | TE/...../...../..... |
| | | | | | | TE/...../...../..... |
| | | | | | | TE/...../...../..... |
| | | | | | | TE/...../...../..... |
| | | | | | | TE/...../...../..... |
| | | | | | | TE/...../...../..... |
| | | | | | | TE/...../...../..... |
| | | | | | | TE/...../...../..... |
| | | | | | | TE/...../...../..... |
| | | | | | | TE/...../...../..... |

3. ANALYSIS REQUIRED (See Instructions on Container/Tube required)

Test(s) Requested : ☐ Copper in Serum ☐ Lead in Whole blood ☐ Nickel in Urine
☐ Copper in Urine ☐ Mercury in Whole blood ☐ Zinc in serum
☐ Lithium in Serum ☐ Others (specify) :

4. PURPOSE OF ANALYSIS

☐ Routine ☐ Surveillance ☐ Retest ☐ Other (Specify) :

I agree that :

(i) the information given above is true and correct,

(ii) information/data will be stored and used in accordance with the Data Protection Act and disclosure of same by you (customer) will be at your own responsibility,

(iii) information submitted above and generated will not be put in the public domain by the Government Analyst Division,

(iv) I will be informed in advance on notification of relevant authorities on issues of National/Public Health interest,

(v) a description of the handling process for complaints shall be made available to any interested parties on request, and

(vi) non submission of mandatory information marked with † may entail non-acceptance of sample

Requested by Medical Practitioner

Name : Status : Signature : Date :

5. DISCLAIMER

The accreditation of the Government Analyst Division or any of its reports or certificates in no way constitute or imply product, process, service, management system or person (where relevant) approval by MAURITAS

6. CRITERIA FOR SAMPLE SUITABILITY

(FOR LABORATORY USE ONLY)

Issue 1 Rev 2

GAD/DI/095

Page 2 of 2

- | | | |
|--------------------------------------------------------------------------------|------------------------------|-----------------------------|
| (i) Sample accompanied with request form (GAD/DI/095) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii) Request form completely filled and signed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii) Original stamp of Institution requesting analysis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iv) Test(s) requested specified | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (v) Type of sample Tube | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (vi) Specific storage conditions mentioned | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (vii) Name on sample tube is legible and corresponds with that on request form | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (viii) Any visible damage/leakage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ix) Quantity of at least 2 mL whole blood/serum/Urine submitted | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Sample meets acceptance criteria: Yes ☐ No ☐

Remarks/Observations (if any):

Sample Criteria verified by: Signature:

7. REVIEW OF REQUEST AND SAMPLE SUITABILITY

Review of request done with regards to Resources (Personnel – Availability and Competence, Equipment, Certified Reference Standard/ Material, Consumables), Appropriate Methods or procedures, Turn around Time(TAT) and sample **can be accepted/ cannot be accepted**. (Delete as appropriate)

Remarks (if any):

SAMPLE(S) SUITABLE FOR ANALYSISSample(s) condition upon receipt: ☐ Ambient ☐ Chilled ☐ Frozen ☐ Other:

Submitted by : Signature : Date/Time :

SAMPLE(S) NOT SUITABLE FOR ANALYSIS

Reason for non-suitability

Justified by: Signature :

Sample returned : ☐ Yes ☐ No ☐ Discarded Date/Time :

Sample returned to : Sample returned by :

Review of request and Determination of sample Suitability done by:

Name : Status : Signature : Date :

8. COMMUNICATION/RECORD OF REVIEW/PERTINENT DISCUSSION WITH CUSTOMER ON DEVIATION FROM METHOD AND TEST REQUESTED (IF ANY)

Name of Officer (Laboratory) : Signature : Date :

Name of Officer (INSTITUTION SUBMITTING SAMPLE) : Signature (if any) : Date :

9. INSTRUCTIONS

- (i) Information with marked with † are mandatory and shall be required for generation of Analysis Report.
- (ii) Each tube containing sample should bear the name of the patient and properly closed to prevent spillage.
- (iii) Unlabeled sample tubes and incomplete filling of mandatory information may not be accepted.
- (iv) Container/Tube required: For Copper or Nickel in Urine - Plain container/Tube
For Copper, Zinc or Lithium in Serum – Serum or Clotted blood in Plain tube
For Lead or Mercury in Whole blood - EDTA or Heparinised container/Tube