

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

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Issue 1 Rev 3
GAD/DI/081
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REQUEST FORM FOR ANALYSIS OF WATER USED FOR DIALYSIS FROM HEALTH INSTITUTION

1. INFORMATION (TO BE FILLED BY INSTITUTION SUBMITTING SAMPLE)

Institution Name :

Institution Address :

Contact Person :

Position/status :

Tel No : Fax No : Email Address :

**OFFICIAL
STAMP**

2. SAMPLE INFORMATION

Sample Description :

Type of Sample Container :

Packaging : Sealed ☐ Unsealed ☐ Original Container ☐ Unlabeled ☐

Quantity Submitted : Net Volume per container:

Specific Storage Conditions : NA ☐ Yes ☐ Other ☐ (specify).....

3. TESTS REQUESTED (TICK AS APPROPRIATE)

Cations	<input type="checkbox"/> Aluminium	<input type="checkbox"/> Arsenic	<input type="checkbox"/> Cadmium	<input type="checkbox"/> Chromium	<input type="checkbox"/> Copper
	<input type="checkbox"/> Lead	<input type="checkbox"/> Mercury	<input type="checkbox"/> Nickel	<input type="checkbox"/> Zinc	<input type="checkbox"/> Calcium
	<input type="checkbox"/> Sodium	<input type="checkbox"/> Potassium	<input type="checkbox"/> Magnesium		

Anions	<input type="checkbox"/> Bromide	<input type="checkbox"/> Chloride	<input type="checkbox"/> Fluoride	<input type="checkbox"/> Nitrate	<input type="checkbox"/> Nitrite
	<input type="checkbox"/> All listed	<input type="checkbox"/> Phosphate	<input type="checkbox"/> Sulphate		

Other Parameters : ☐ Conductivity ☐ Total Dissolved Solids (TDS) ☐ pH

☐ Others (Specify):

4. PURPOSE OF ANALYSIS

☐ Routine ☐ Other (Specify) :

I agree that :

- (i) information given above are true and correct,
- (ii) information/data will be stored and used in accordance to the Data Protection Act and disclosure of same by you (customer) will be at your own responsibility,
- (iii) I will be informed in advance on information that the Government Analyst Division intends to put in the public domain and/or on notification of relevant authorities on issues of National/Public Health interest, and
- (iv) a description of the handling process for complaints shall be made available to any interested parties on request.

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. Name of Officer submitting sample :

Status : Signature : Date :

7. CRITERIA FOR SAMPLE ACCEPTANCE

(FOR LABORATORY USE ONLY)

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(i) Sample accompanied with request form (GAD/DI/081)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) Request form completely filled and signed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iii) Signature of Medical officer or Officer in charge	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iv) Original stamp of Health Institution	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(v) Sample submitted corresponds with sample description in form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(vi) Test(s) requested specified	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(vii) Type of container	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(viii) Specific storage conditions mentioned	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ix) Reference number of sample corresponds with that on request form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(x) Label on sample submitted is legible	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(xi) No visible damage/leakage. (Not applicable for complaints)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(xii) Quantity submitted. At least 5L (Not applicable for complaints)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Applicable
(xiii) Packaging need to be labeled and unopened (Not applicable for complaints)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Applicable

Sample meets acceptance criteria: ☐ Yes ☐ No

Remarks/Observations (if any) :

Sample Criteria verified by: Signature:

8. REVIEW OF REQUEST

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):

Review of request done by :

Name : Status : Signature : Date :

9. SAMPLE ACCEPTANCE**Sample Accepted**Sample(s) condition upon receipt: ☐ Ambient ☐ Chilled ☐ Frozen ☐ Other:

Submitted by : Signature : Date/Time :

Received by : Signature : Date/Time :

Laboratory Sample Reference No. assigned:

Sample Not accepted

Reason for non-acceptance:.....

Justified by: Signature :

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

Sample returned to : Sample returned by :

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

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Name of Officer (Laboratory) : Signature : Date :

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