

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/079
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REQUEST FORM FOR FOOD ANALYSIS FROM HEALTH OFFICE

1. OFFICER INFORMATION (TO BE FILLED BY SAMPLING OFFICER FROM HEALTH OFFICE)

Date/Time Sample Taken : Sample Reference No. :

Name of Sampling Officer :

Status :

Health Office and Address :

OFFICIAL
STAMP

Tel No. : Fax No. : Email Address :

2. SAMPLE INFORMATION

Nature of Sample :

Sample Description :

Packaging : Sealed ☐ Unsealed ☐ Original Container ☐ Unlabeled ☐

Type of Sample Packaging :

Quantity Submitted : Net Weight/ Volume per container:

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

3. PURPOSE OF ANALYSIS

Compliance ☐ Routine ☐ Surveillance ☐ Complaint ☐ Other ☐ (Specify):

Test(s) Requested :

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) Decision Rule as per Decision Rule Mechanism (GAD/DI/104) will be applied, where necessary, when statement of conformity is requested,
- (iv) 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
- (v) a description of the handling process for complaints shall be made available to any interested parties on request.

Name of Officer : Signature : Date :

4. 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 (Health Office) : Signature (If any) : 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/079)	<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 sampling officer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(iv) Original stamp of Health Office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(v) Sample submitted corresponds with sample description in request 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 packaging	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(viii) Quantity submitted corresponds with that on request form	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(ix) Specific storage conditions mentioned	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(x) Reference number of sample corresponds with that on request form	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(xi) Label on sample submitted is legible	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(xii) Any visible damage/leakage <i>(Not applicable for complaints)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
(xiii) Quantity of at least 1kg or 1L submitted <i>(Not applicable for complaints)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
(xiv) Packaging labeled and unopened <i>(Not applicable for complaints)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

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 condition upon receipt: Ambient ☐ Chilled ☐ Frozen ☐ Other:

Received by: Signature:

Date/Time: Laboratory Sample Reference No. assigned:

Sample Not accepted

Reason for rejection:

Justified by: Signature:

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

Sample returned to : Sample returned by :