

**GOVERNMENT ANALYST DIVISION**  
**MINISTRY OF HEALTH AND WELLNESS**  
**1<sup>ST</sup> FLOOR, NATIONAL LABORATORIES COMPLEX**  
**REDUIT 80835, MAURITIUS**

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GAD/DI/093  
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**REQUEST FORM FOR METHADONE ANALYSIS**

**1. INFORMATION** (TO BE FILLED BY OFFICER REQUESTING THE ANALYSIS)

Institution Name : .....

Institution Address : .....

Contact Person : .....

Position/status : .....

Tel No : ..... Fax No : ..... Email Address : .....

**OFFICIAL  
STAMP**

**2. SAMPLE INFORMATION** (TO BE FILLED BY OFFICER REQUESTING THE ANALYSIS)

Packaging : Sealed ☐ Unsealed ☐ Original Container ☐ Unlabeled ☐

Type of Sample Packaging : .....

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

Sr No	Sample Description/Reference No	Concentration (mg/mL)	Date Prepared	Volume submitted (mL)	Laboratory Sample Reference No. (For Laboratory Use)
					PHARM/...../...../.....
					PHARM/...../...../.....
					PHARM/...../...../.....
					PHARM/...../...../.....
					PHARM/...../...../.....

**3. PURPOSE OF ANALYSIS**

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

Test(s) Requested : ☐ Identification ☐ Assay ☐ Other (specify) : .....

I agree that :

(i) the information given above is 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) 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, 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 (Harm Reduction Unit) : ..... 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 : .....

**6. CRITERIA FOR SAMPLE ACCEPTANCE**

(FOR LABORATORY USE ONLY)

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(i) Sample accompanied with request form (GAD/DI/093)	<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 Institution requesting analysis	<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) Condition of sample during submission as specified in request form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(xi) Reference number of sample corresponds with that on request form	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(xii) Label on sample submitted is legible	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(xiii) Any visible damage/leakage <i>(Not applicable for complaints)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
(xiv) Quantity of at least 25 mL solution submitted <i>(Not applicable for complaints)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
(xv) Packaging need to be 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 ☐

Sample Criteria verified by: ..... Signature: .....

**7. 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 : .....

**8. 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 non-acceptance: .....

Justified by: ..... Signature: .....

Sample returned to the officer: Yes ☐ No ☐ Date/Time: .....

Sample returned to: ..... Signature: .....