

**GOVERNMENT ANALYST DIVISION**

MINISTRY OF HEALTH AND WELLNESS

1<sup>ST</sup> FLOOR, NATIONAL LABORATORIES COMPLEX

REDUIT 80835, MAURITIUS

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Issue 1 Rev 2

GAD/DI/086

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**REQUEST FORM FOR ANALYSIS NON-FOOD SAMPLE****1. INFORMATION** (TO BE FILLED BY INSTITUTION SUBMITTING SAMPLES)

Institution Name : .....

Institution Address : .....

Contact Person : .....

Position/status : .....

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

**OFFICIAL  
STAMP**  
(If available)**2. SAMPLE INFORMATION** (TO BE FILLED BY INSTITUTION REQUESTING THE ANALYSIS)

Sample Description : .....

Brand Name : .....

Type of Packaging : .....

Quantity submitted : .....

Net Weight/Volume per Unit : .....

Specific Storage Conditions : ☐ Not Applicable ☐ Yes (Specify) : .....**3. PURPOSE OF ANALYSIS**☐ Routine ☐ Surveillance ☐ Other (Specify) : .....

Test(s) Requested : .....

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.

Name of Officer/

Individual : ..... Signature : ..... Date : .....

**4. 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

**5. Name of Officer/ Individual 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/086)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(ii) Request form completely filled and signed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(iii) Test(s) requested specified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(iv) Type of packaging specified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(v) Specific storage conditions mentioned	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(vi) Condition of sample during submission as specified in request form	<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) Minimum Quantity agreed as per Official Quotation, Letter or communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
(x) Packaging needs 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 ☐

Remarks/Observations (if any) : .....

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(s) 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 : ☐ Yes ☐ No ☐ Discarded Date/Time : .....

Sample returned to : ..... Sample returned by : .....

**9. 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 : ..... Date : .....