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

REQUEST FORM FOR ANALYSIS OF PHARMACEUTICAL PRODUCTS

1. INFORMATION *(TO BE FILLED BY OFFICER REQUESTING THE ANALYSIS FROM CENTRAL SUPPLIES DIVISION)*

Institution Name : ……

Institution Address : ……

Contact Person : ……

Position/status : ……

OFFICIAL STAMP

Tel No : …… Fax No : …… Email Address : ……

2. SAMPLE INFORMATION

Nature of Sample : ……

Sample Description : ……

……

Brand Name : ……

Packaging : Sealed ☐ Unsealed ☐ Original Container ☐ Unlabeled ☐

Type of Sample Packaging : ……

Quantity Submitted : …… Net Weight/ Volume per container: ……

Specific Storage Conditions : Not Applicable ☐ Yes ☐ (specify)……

3. ANALYSIS REQUIRED

Test(s) Requested : ☐ Physico-chemical (Uniformity of weight, Size, Friability, Disintegration, Hardness) ☐ Identification ☐ Assay

☐ Other (specify) : ……

4. PURPOSE OF ANALYSIS

Routine ☐ Complaint ☐ 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) 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 : …… Signature : …… Date : ……

5. COMMUNICATION/RECORD OF REVIEW/PERTINENT DISCUSSION WITH CUSTOMER ON DEVIATION FROM METHOD AND TEST REQUESTED (IFANY)

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Name of Officer (Laboratory) : …… Signature : …… Date : ……

Name of Officer (CSD) : …… Signature : …… Date : ……

6. 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

7. Name of Officer submitting sample : ……

Status : …… Signature : …… Date : ……

8. CRITERIA FOR SAMPLE ACCEPTANCE

(FOR LABORATORY USE ONLY)

(i) Sample accompanied with request form (GAD/DI/091)	☐ Yes	☐ No	
(ii) Request form completely filled and signed	☐ Yes	☐ No	
(iii) Signature of sampling officer	☐ Yes	☐ No	
(iv) Original stamp of Central supplies Division	☐ Yes	☐ No	
(v) Sample submitted corresponds with sample description in request form	☐ Yes	☐ No	
(vi) Test(s) requested specified	☐ Yes	☐ No	
(vii) Type of packaging	☐ Yes	☐ No	
(viii) Quantity submitted corresponds with that on request form	☐ Yes	☐ No	
(ix) Specific storage conditions mentioned	☐ Yes	☐ No	
(x) Condition of sample during submission as specified in request form.	☐ Yes	☐ No	
(xi) Reference number of sample corresponds with that on request form	☐ Yes	☐ No	
(xii) Label on sample submitted is legible	☐ Yes	☐ No	
(xiii) Any visible damage/leakage *(Not applicable for complaints)*	☐ Yes	☐ No	☐ NA
(xiv) Quantity of at least 200 Tablets/Capsules or 500 mL solution submitted *(Not applicable for complaints)*	☐ Yes	☐ No	☐ NA
(xv) Packaging need to be labeled and unopened *(Not applicable for complaints)*	☐ Yes	☐ No	☐ NA

Sample meets acceptance criteria: Yes ☐ No ☐

Remarks/Observations (if any) : ……

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Sample Criteria verified by: …… Signature: ……

9. 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 : ……

10. SAMPLE ACCEPTANCE

Sample Accepted

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

Received by: …… Signature: ……

Date/Time: …… Laboratory Sample Reference No. assigned: **PHARM/……/……/……**

Sample Not accepted

Reason for non-acceptance: ……

……

Justified by: …… Signature: ……

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

Sample returned to: …… Signature: ……