|  |
| --- |
| **AANVRAAGFORMULIER DEELTJESTELONDERZOEK** |
|  |  |  |  |  |  |
| **Gegevens apotheek** |  |  |  |  |  |
| **Naam medewerker** | : |  |  |  |  |
| **Naam apotheek** | : |  |  |  |  |
| **Plaats** | : |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Gegevens produkt** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Toepassing** | : |  | parenteralia |  |  |  | oogheelkunde |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Naam en concentratie** | : |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Chargenummer** | : |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Volume** | : |  | 1000 ml |  |  100 ml |  |  10 ml |  |  2 ml (≥ 15 st.) |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  500 ml |  |  50 ml |  |  5 ml |  |  1 ml (≥ 30 st.) |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  250 ml |  |  20 ml |  |  3 ml |  |  |   | ml |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Soort onderzoek** |  |  | vrijgifte (eigen bereiding) |  |  houdbaarheid |  | validatie |
|  |  |  |  |  |  |  |  |  |
|  |  |  | vrijgifte (onderzoeksmedicatie) |  |  t = |  |  |
|  |  |  |  |  |  |  |  |  |
| *Indien soort onderzoek niet is ingevuld wordt het als monster voor* ***vrijgifte (eigen bereiding)*** *beschouwd.* |
|  |
|  |
| **Verpakking** |  |  | glas |  | p.p. -spuit |  | glas (colourbreak) |  | glas (gemo) |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | p.p. (fles) |  | c.o.p.- spuit |  | glas (OPC) |  | glas (model BP) |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | p.p. (zak) |  | cassette |  | glas (score-ring) |  | glas (zentrop) |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | p.v.c. |  |  |  |  |  | p.p. (minim) |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | non – p.v.c. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | overig: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Monstername** |  |  | aselect |  | select |  | visueel afgekeurd |
|  |  |  |  |  |  |  |  |  |  |
| *Indien select, monsters nummeren van 1 t/m 10 en hieronder kort beschrijven* |
|  |  |  |  |  |  |  |  |  |  |
| 1 |  |  | 6 |  |  |
|  |  |  |  |  |
| 2 |  |  | 7 |  |  |
|  |  |  |  |  |
| 3 |  |  | 8 |  |  |
|  |  |  |  |  |
| 4 |  |  | 9 |  |  |
|  |  |  |  |  |
| 5 |  |  | 10 |  |  |
|  |  |  |  |  |
| **Monsters sturen naar** |  |  | ***Laboratorium der Nederlandse Apothekers*** |  |  |
|  |  |  | ***t.a.v. het Deeltjestelonderzoek*** |  |  |
|  |  |  | ***Alexanderstraat 11*** |  |  |
|  |  |  | ***2514 JL ‘s Gravenhage*** |  |  |
|  |  |  |  |  |
|  | ***In te vullen door LNA:*** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Datum ontvangst** |  |  |  |  |  |  | **Onderzoeksnummer**  |  |
|  |  |  |  |  |  |  |  |  |
| **Controle aanvraagformulier** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Controle opslag** |  | **kamertemp.** |  | **koelkast** |  |  |
|  |  |  |  |  |  |  |  |  |  |