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