

HEMODIALYSIS LABORATORY TEST REQUEST

ACCOUNT NAME AND ADDRESS



10329 Stony Run Lane
Ashland, VA 23005
Phone (804) 365-3000
Toll Free (800) 888-8061
Fax (804) 365-3002

DATE SHIPPED		CHECK ONE: <input type="checkbox"/> AAMI ANALYSIS ANSI/AAMI RD62:2006 Aluminum Chromium Potassium Antimony Copper Selenium Arsenic Fluoride Silver Barium Lead Sodium Beryllium Magnesium Sulfate Cadmium Mercury Thallium Calcium Nitrate Zinc
MACHINE NUMBER		
FACILITY NAME		
SAMPLE DATE		
TYPE OF WATER (CLASSIFICATION) DO NOT SEND DIALYSATE		
SPECIAL INSTRUCTIONS AND/OR UNUSUAL CONDITIONS: _____ _____ _____ _____		<input type="checkbox"/> LAL (Special Kit) <input type="checkbox"/> OTHER _____ _____ _____
CONTACT NAME	TELEPHONE NUMBER	FAX NUMBER

HEMODIALYSIS WATER SAMPLE KIT INSTRUCTIONS

Each kit contains one bottle, one ziplock plastic bag, and one pre-labeled mailer.

- 1 Run water tap or access line for two (2) minutes.
- 2 Rinse bottle with a small amount of water to be sampled.
- 3 Fill bottle completely with water sample, cap tightly, and place filled bottle in the plastic bag.
- 4 Fill out the Hemodialysis Laboratory Test Request.
- 5 Place bottle enclosed in plastic bag and completed test request inside mailing container and mail.

If you have any questions, please call 800-888-8061

PLEASE COMPLETE A SEPARATE DATA SHEET FOR EACH WATER SAMPLE