

# 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		<b>CHECK ONE:</b>  <input type="checkbox"/> <b>AAMI ANALYSIS</b> 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) <b>DO NOT SEND DIALYSATE</b>		
SPECIAL INSTRUCTIONS AND/OR UNUSUAL CONDITIONS:  _____  _____  _____  _____		<input type="checkbox"/> <b>LAL (Special Kit)</b>  <input type="checkbox"/> <b>OTHER</b>  _____  _____  _____
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**