|  |  |  |
| --- | --- | --- |
| 01 | Name of hospital: |  |
| 02 | Address of hospital: |  |
| 03 | Telephone of hospital and extension of hemodialysis unit |  |
| 04 | Fax of hospital: |  |
| 05 | Official email of hospital (if it exists) |  |
| 06 | Contact name (Liaison person between hospital and EVL): |  |
| 07 | Contact name telephone nb: |  |
| 09 | Contact name email : |  |
| 10 | If more than one contact name is nominated or available please fill lines from 11 to 14 otherwise go  to line 15 |  - |
| 11 | Contact name (Liaison person no 2 between hospital and EVL): |  - |
| 12 | Contact name telephone nb: |  - |
| 13 | Contact name mobile nb: |  - |
| 14 | Contact name email : |  - |
| 15 | Name of Nephrologist in charge if different from contact name (Liaison person) |  |
| 16 | Name of Nephrologist  telephone nb |  |
| 17 | Name of Nephrologist mobile nb |  |
| 18 | Name of Nephrologist  email |  |
| 19 | Type of water to be sent |  |
| 20 | Name of driver assigned to deliver samples and pick up results |  |
| 21 | Mobile number of driver no 1 |  |
| 22 | Car make and model |  - |
| 23 | Car plate number |  - |
| 24 | In case more than one driver or one  car is used fill in the next  lines 25 to 27 |  - |
| 25 | Mobile number of driver no 2 |  - |
| 26 | Car make and model |  - |
| 27 | Car plate number |  - |
| 28 | Do you expect to increase number of samples in 2017 |  |
| 29 | If Yes , please state the number  |  - |
| 30 | Do you have suggestions or problems in sampling and/or in delivering sampling you would like to share with us so we can help solve to make this operation even smoother? |        -    |
| 31 | If yes please state it in the box  | - |