APPENDIX GG  
ADOPTION PROPOSAL FORM

**STA/SDV/OP/04/F1**

**KENYA BUREAU OF STANDARDS**

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| **Document Type:** | **Adoption proposal** | |
| **Dates:** | Circulation date | Closing date |
| 23-08-2019 | 22-09-2019 |
| **TC Secretary** | **This form shall be filled, signed and returned to Kenya Bureau of Standards for the attention of Oyoo T.O.** | |

The Kenya Bureau of Standards intends to adopt the International Standards as detailed here below .............................................................................................................................................

**Number.** ISO 23500-5:2019........................................................................................................................................

**Title.** Preparation and quality management of fluids for haemodialysis and related therapies -- Part 5: Quality of dialysis fluid for haemodialysis and related therapies

**Scope** This document specifies minimum quality requirements for dialysis fluids used in haemodialysis and related therapies.

This document includes dialysis fluids used for haemodialysis and haemodiafiltration, including substitution fluid for haemodiafiltration and haemofiltration.

This document excludes the water and concentrates used to prepare dialysis fluid or the equipment used in its preparation. Those areas are covered by other International Standards.

Sorbent-based dialysis fluid regeneration systems that regenerate and recirculate small volumes of dialysis fluid, systems for continuous renal replacement therapy that use pre-packaged solutions, and systems and solutions for peritoneal dialysis are excluded from this document.

We are therefore seeking views from potential users in respect of the same. The Standard is available at the Kenya Bureau of Standards Information Centre. Please tick and fill your preference of the listed option. (If the spaces provided are not enough, please attach a separate sheet of paper).

Adoption acceptable as presented

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Adoption proposal not acceptable because of the reason(s) below

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Our Recommendations are as follows

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Name and Signature (of respondent): ................................................

Position (of respondent): .....................................

On behalf of ......................................................................................... (Name of organization)

Date .........................................................................

**NOTE:** Absence of any reply or comments shall be deemed to be an acceptance of the proposal for adoption and **shall constitute an approval vote**.