

PHARMACEUTICAL SAMPLE SUBMISSION FORM

1. Name and address of applicant:		
2. Company Contact Tel. No & Email address:		
3. Name and presentation of product:		
4. Name and address of Manufacturer:		
5. Sample Information:		
a) Batch/Lot Number		
b) Date of manufacture	Date of Expiry:	

c) List and Give the amount of active ingredients on label

d) Remark/ Sample Condition

6. Quantity submitted;		
Dosage:	Approximate quantity:	Quantity Submitted:
Liquids:		
Volumes \geq 50ml	10 bottles.	
Volumes \leq 50ml	15 bottles.	
Tablets:	100's	
Capsules:	100's	
Creams:	10 pcs	
Dry powders		
Weight \geq 10g		
Weight \leq 10g		

7. Test requested by applicant. Mark (√) against test required on the table below:

	Test	(√)	*Method
A	Identification		
B	Dissolution		
C	Assay		
D	Content Uniformity		
E	pH(Acidity/Alkalinity)		
F	Microbial Enumeration Test		
G	Microbial Identification/ Test for Specified Micro-organism		
H	Preservative efficacy Test		
I	Relative Density		
J	Refractive Index		
K	Melting Point		
L	Full monograph (specify compendia)		
M	Other Tests (please specify)		

*Specify Method to be used; U.S.P., B.P., Ph.Eur., Int.P, Manufacturer’s Method or Others.
Where no precise instructions are given, the laboratory shall choose the method applicable.

8. Other items submitted: Mark (√) appropriately

CRS	MOA & Validation Data	Related Substances	Other (Specify)

9. Name, designation and signature of person authorizing request for analysis:

Name:	Designation:	Signature:	Date:
Contact details (Phone Number):			

FOR LABORATORY USE ONLY

1. Laboratory Sample Reference No:

2. Date Received:
3. Time Received:
4. Received By:
5. Turn-around time:

6. Payment Details:

Receipt No.:	Amount Paid:	Accountant:	Signature and Date: