

ACHELAB LABORATORY SERVICES LIMITED
PHARMACEUTICAL ANALYSIS REQUEST 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**

6. Quantity submitted;		
Dosage:	Approximate quantity:	Quantity Submitted:
- Liquids:		
Volumes ≥ 50ml	10 bottles.	
Volumes ≤ 50ml	15 bottles.	
Tablets:	100's	
Capsules:	100's	
Creams:	10 pcs	
Dry powders	10pcs	
7. Applicant's Reference number:		

8. Test required 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 Contamination Test		
G	Microbial Identification		
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 Other
 Where no precise instructions are given, then the monograph used is from officially recognized current versions of pharmacopoeias (United States Pharmacopoeia (USP), British Pharmacopoeia (BP), European Pharmacopoeia (Ph. Eur.) and International Pharmacopoeia (Int. Ph.).

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

Payment Details:

Receipt No.:	Amount Paid:	Accountant:	Signature and Date:
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Date Received:
Received By:
Authorized By:
Laboratory Reference No.: