

TEST REQUEST REVIEW FORM

Reference number: TFDA00/L/D/PMS/1516/00 **Laboratory code number:** 0145/D/PMS/1516
46
Customers Details Directorate of Medicines and Pharmacovigilance 77150 Dar Es Salaam, TANZANIA
Customer code: DSM/TENOMAC/024/24.11.15

Sample Information

Product name: TENOMAC 50 **Dosage Form:** Tablet
Description (appearance of container & contents): Intact package
Batch number: DTJ408A **Expiry date:** 06-2017 **Manufacturing date:** 07-2014
Manufacturer Macleods Pharmaceuticals Ltd Mumbai, INDIA
Sample size (quantity) Boxes **Packaging:** 10 X 10 Tablets **Submission date:** 10-03-2016
Reason(s) for requesting the analysis: Quality Check

Sample Submitted By Mabrouk J.R **Signature:**

Sample Active Ingredients

S/N	Active Ingredients	Specification(s)	Strength
1.	Atenolol	BP	50 mg

Sample Test Requests

S/N	Test Requested	Cost (TZS)	S/N	Test requested	Cost (TZS)
1.	Assay	180.00	2.	Identification	65.00
3.	Disintegration	35.00	4.	Weight Variation	25.00

Any other customer request: N/A

Analysis fees and charges: 305.00

Customer name: Mabrouk J.R **Signature:** **Date:** 11-03-2016

I accept to carry out tests specified above

LM : Moses Nandonde **Signature:** **Date:** 11-03-2016

Sub-contracting

Agreement for sub-contracting work :YES

Reason (s)

Date:

Test request deviation or amendment/ additional test(s) (when applicable):

Customer Signature:..... **Date:**

LM Signature: **Date:**