



National Quality Control Laboratory

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SAMPLE INFORMATION FORM

Date Sample Submitted: _____ Laboratory Reference No: _____

Product Generic/Brand Name: _____

Product Chemical Name: _____

Product Description: _____

Product Presentation: _____

Label claim: _____

Batch/Lot No: _____ Product License No: _____

Date of manufacture: _____ Date of Expiry: _____

Name of Client and _____

Address: _____

Client Reference No: _____

Manufacturer: _____

Country of Origin: _____ Samples Issued: _____ Samples Returned: _____

Test(s) requested: _____ Limits: _____ Monograph (specify year and exact page): _____

a) _____ U.S.P. _____

b) _____ B.P. _____

c) _____ Ph. Eur. _____

d) _____ Ph. Intl. _____

e) _____ Other's _____

f) _____

Analyst: _____ Signature: _____ Date: _____

Checked by: _____ Signature: _____ Date: _____

Approved by: _____ Signature: _____ Date: _____

LOSS ON DRYING

Calculations

Item	ID	Weight (g)
Bottle/Cover	<i>A</i>	
Sample wt.	<i>B</i>	
Sample + Bottle/ Cover (Initial wt.)	<i>C</i>	
Sample + Bottle/ Cover (Final wt.)	<i>D</i>	

$$\% \text{ Solids} = ((D-A)/C) \times 100$$

$$\% \text{ Volatiles (\% LOD)} = ((C-D)/(C-A)) \times 100$$

Results

LOD (%) = _____ %

Monograph Limits (%): NMT _____ %

REAGENTS USED						
	Reagent Name	Manufacturer	Lot/Batch No.	Date Opened	Expiry Date	Remarks
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

EQUIPMENT USED					
	Equipment Name	NQCL No./Code	Date of Last Calibration	Date of Next Calibration	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

APPENDIX

Describe in Summary the reagent preparation procedures including mobile phase and buffers.

Report any other tests carried out on the sample.

WORKSHEET TRACKING						
No.	ACTIVITY	FROM: OFFICER/ ANALYST	SIGNATURE	TO: OFFICER/ ANALYST	SIGNATURE	DATE
1						
2						
3						
4						
5						
6						
7						