



National Quality Control Laboratory

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MEDIA INFORMATION FORM

Date Media Received: _____ Laboratory Reference No: _____

Name of Media: _____

Certificate of Analysis: _____

Material Safety Data sheet: _____

Media Presentation/Packaging: _____

Batch/Lot No: _____

Date of manufacture: _____ Date of Expiry: _____

Manufacturer: _____

Analyst: _____ Signature: _____ Date: _____

Checked by: _____ Signature: _____ Date: _____



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QC of Culture Media

This worksheet should be filled each time a new batch of media is received to check its quality and ability to support/selectively inhibit growth.
(Refer to SOP No. NQCL/SOP/BIOL-003 and harmonized pharmacopoeial requirements)

Name of Medium:.....Prepared by:.....

Date prepared:.....Expiry Date:.....Manufacturer:.....Lot:.....

Date	Sterility of medium checked	Standard organisms set on each plate	Reference strain Number	Results of Sandard Microorganism (Growth / No growth)	pH	Initials	Comments

Checked by :.....Signature:.....Date:.....(Head, Unit)

Reviewed by:.....Signature:.....Date.....(QA Unit)