



National Quality Control Laboratory

Hospital Road , KNH Complex, P.O. Box 29726, 00202 Nairobi, Kenya
Telephone: 2726963, +254 - 020 - 3544525/30 • Fax: 2718073
Email: info@nqcl.go.ke Website: www.nqcl.go.ke



ANALYSIS REQUEST FORM

(To be filled in Duplicate)

1. Name and Address of Applicant

2. Name & Tel. of Contact Person

3. Name and Presentation of Product

4. (a). Name and Address of Manufacturer

(b). Batch/Lot Number

(c). Date of Manufacture _____ **Date of Expiry** _____

(d). List and Give the Amount of Active Ingredients on Label

5. Quantity submitted

6. Applicant's Reference number

7. Test(s) required by applicant

*Tick against test required (✓):

a.	Identification		n.	Microbial Identification	
b.	Dissolution		o.	Preservative Efficacy Test	
c.	Disintegration		p.	Melting Point	
d.	Friability		q.	Relative Density	
e.	Assay		r.	Refractive Index	
f.	Uniformity of Weight		s.	Condom Tests	
g.	pH(Acidity/Alkalinity)		t.	Glove Tests	
h.	Microbial Contamination Test		u.	Other Tests (please specify)	
i.	Sterility				
j.	Bacterial Endotoxin Test				
k.	Package Integrity				
l.	Viscosity				
m.	Full Monograph (specify compendium)				

8. Name, Designation and Signature of person authorizing request for analysis:

Name: _____ Designation: _____ Signature: _____ Date: _____

FOR LABORATORY USE ONLY

Date Received : _____

AUTHORIZED BY:

Received by : _____

Laboratory Reference Number : _____