



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: _____

UNIFORMITY OF WEIGHT: TABLETS/CAPSULES/SACHETS/VIALS

No.	Tablets/Capsules/ Sachets/Vials (mg)	Empty Capsule/ Sachet/Vial (mg)	Capsule/Sachet/Vial Content (mg)	% Deviation From mean (for deviating tabs/caps)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
Total:	_____		_____	
Avg:	_____		_____	
Calculation of Deviation Limits:				

Comments: _____

CHROMATOGRAPHIC CONDITIONS:**ASSAY**

Column No:	196	Type of Column:	Xterra RP 18, 25cm
Column Temp (°C):	34		
Detection λ (nm):	344	Injection Vol (μ L):	24

Mobile Phase: Composition (% v/v) & Ratios

v/v% in the multicomponent	Flow Rate (mL/min):	55
	Pump Pressure (bars):	22

DISSOLUTION

Column No:	197	Type of Column:	Hypersil BDS Cyano, 15 cm
Column Temp (°C):	56		
Detection λ (nm):	89	Injection Vol (μ L):	35

Mobile Phase: Composition (% v/v) & Ratios

w/w 10%	Flow Rate (mL/min):	95
	Pump Pressure (bars):	45

REFERENCE SUBSTANCES:

NO	Reference Substances/Related Substances	NQCL Code/Batch	Purity (%)
1.	Trimethoprim	NQCL-WRS-T7-1	98.74
2.	Sulfamethoxazole	NQCL-PRS-S12-1	0.998
3.			
4.			
5.			

REAGENTS USED						
	Reagent Name	Manufacturer	Lot/ Batch No.	Date Opened	Expiry Date	Remarks
1.	METHANOL 2.5L	SCHARLAU	12100707			
2.	SODIUM HYDROXIDE PELLETS	RANKEM	P101L08			
3.	POTASSIUM HYDROXIDE PELLETS	RANKEM	P171J07			
4.						
5.						
6.						
7.						
8.						

EQUIPMENT USED					
	Equipment Name	NQCL No./Code	Date of Last Calibration	Date of Next Calibration	Remarks
1.	Weighing Balance Printer	NQCL/L18/2007/275			
2.	Agilent HPLC M	NQCL/L19/2012/378			
3.	pH Meter	NQCL/L6/1994/101			
4.	UV Detector	NQCL/L19/2010/350			
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	Issuing	Anastacia		Mary Magda		2015-03-01
2	Analysis	Mary Magda		Dr Paul Njaria		
3						
4						
5						
6						
7						