



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: _____