

National Quality Control Laboratory

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SAMPLE INFORMATION FORM

Date Sample Submitted:	Labora	tory Reference	No:
Product Generic/Brand Name:			
Product Chemical Name:			
Product Description:			
Product Presentation:			
Label claim:			
Batch/Lot No:	_		se No:
Name of Client andAddress:Client Reference No:			
Manufacturer:	Sample Issued	es d:	Samples Returned
Test(s) requested: a) b) c) d) e) f)		U.S.P B.P	(specify year and exact page):
Analyst:	Signature:		Date:
Checked by:	Signature:		Date:
Approved by:	Signature:		Date:

pH MEASUREMENTS

Outline the Sample Preparation Procedure

Determination of pH:

No.	Sample pH Readings
1.	
2.	
3.	
4.	
	Mean:

pH of the Sample:

ASSAY DATA FORM

<u>ASSAY</u>
Standard Preparation for Assay:
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Sample Preparation for Assay:

RELATIVE DENSITY FOR SYRUPS/SUSPENSIONS

Determination of Suspension/Syrup Relative Density:

	Pyknometer + Water (g)	Pyknometer + Sample (g)
	Mean:	Mean:
	Water (g):	
Relative Density of Sample =	Mass of Sample (g) Mass of Water (g)	
Samr	ole Relative Density =	

DISSOLUTION

Standard Preparation for Dissolution

Dissolution Conditions			
	1 st Run	2 nd Run	3 rd Run
Dissolution Medium:			
Volume used:			
Apparatus:			
Rotations per minute:			
Time (min)			

Describe below any subsequent dilutions after the dissolution:

CHROMATOGRAPHIC CONDITIONS:

	<u>ASSAY</u>		
Column No:	Type of Column:		
Column Temp (°C):			
Detection λ (nm):	Injection Vol (μL):		
Mobile Phase: Composit	tion (% v/v) & Ratios	Flow Rate (mL/min):Pump Pressure (bars):	
Column No: Column Temp (°C):	DISSOLUTION Type of Column:		
Detection λ (nm):	Injection Vol (μL):		
Mobile Phase: Composit		Flow Rate (mL/min):	
		Pump Pressure (bars):	_
REFERENCE SUBSTA	NCES:		

NO	Reference Substances/Related Substances	NQCL Code/Batch	Purity (%)
1.			
2.			
3.			
4.			
5.			

	REAGENTS USED							
			Lot/Batch	Date	Expiry			
	Reagent Name	Manufacturer	No.	Opened	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 pro	ocedures including mobile r	phase and buffers.
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Report any other tests carried out on the sample.

		WOI	RKSHEET TRA	CKING		
No.	ACTIVITY	FROM: OFFICER/ ANALYST	SIGNATURE	TO: OFFICER/ ANALYST	SIGNATURE	DATE
1		Anastacia				
2				Dr Paul Njaria		
3						
4						
5						
6						
7						