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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: _____

REAGENTS USED						
	Reagent Name	Manufacturer	Lot/Batch No.	Date Opened	Expiry 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 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						
2						
3						
4						
5						
6						
7						