

National Medicines and Food Administration

Sample Request Form for Analysis

Reference number: _____ Manufacturer: _____

Generic name: _____ Strength: _____

Dosage form: _____ Batch size: _____

Manufacturing date: _____ Expiry date: _____

Country of Origin: _____ Supplier: _____

Date of sampling: _____ Sample size: _____

Source of the sample: _____ Date of submission to QC: _____

Specification to be used for testing _____

Urgency of Test	Storage Condition	Reason for Test
<input checked="" type="radio"/> Normal <input type="radio"/> Urgent	<input checked="" type="radio"/> Room Temperature <input type="radio"/> Refrigerator <input type="radio"/> Frozen	<input type="radio"/> Registration <input type="radio"/> Pre-Marketing <input checked="" type="radio"/> Post-Marketing <input type="radio"/> Complaint

Physico-Chemical

- ☐ Identification
☐ Disintegration
☐ Dissolution
☐ Friability
☒ Uniformity of dosage form
☐ pH
☐ Viscosity
☐ Impurity and related substance
☐ Assay
☐ Test for particular matter
☐ Others

Microbiology

- ☐ Bacterial Endotoxin Test
☐ Sterility test
☐ Microbial Enumeration Test
☒ Test for Specified Micro-organisms
☐ Antimicrobial Effectiveness Test
☐ Antimicrobial Assay