

## National Medicines and Food Administration

### Sample Request Form for Analysis

Reference number: _____ Generic name: _____ Dosage form: _____ Manufacturing date: _____ Country of Origin: _____ Date of sampling: _____ Source of the sample: _____ Specification to be used for testing: _____	Manufacturer: _____ Strength: _____ Batch size: _____ Expiry date: _____ Supplier: _____ Sample size: _____ Date of submission to QC: _____
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Urgency of Test	Storage Condition	Reason for Test
<input type="radio"/> Normal <input type="radio"/> Urgent	<input type="radio"/> Room Temperature <input type="radio"/> Refrigerator <input type="radio"/> Frozen	<input type="radio"/> Registration <input type="radio"/> Pre-Marketing <input 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

Comment:

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