

# National Medicines and Food Administration

## Sample Request Form for Analysis

Reference number:	SR/2022/0001	Manufacturer:	_____
Generic name:	Paracetamol	Strength:	_____
Dosage form:	PILL	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 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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