

## 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 type="radio"/> Room Temperature <input checked="" type="radio"/> Refrigerator <input type="radio"/> Frozen	<input checked="" 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