

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 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