

 MISSION FOR ESSENTIAL DRUGS AND SUPPLIES	<b>DOCUMENT:</b> Form	<b>TITLE:</b> Test request form	<b>REFERENCE:</b>
	<b>EFFECTIVE DATE:</b> 1st November 2012	<b>REVISION NUMBER:</b> 00	<b>PAGE:</b> 1 of 1
<b>FORM AUTHORIZED BY:</b> Name _____		Title Head of Operations	<b>Signature / Date</b> _____

1. **Name and Address of Applicant:** \_\_\_\_\_  
 \_\_\_\_\_

2. **Sample Description/Information:** a) Active ingredient(s)\*, dosage form, strength or concentration and pack size:  
 \_\_\_\_\_  
 (\* Provide International Non-Proprietary Name of Active Ingredient(s) if available)

b) Name and Address of Manufacturer: \_\_\_\_\_

c) Brand Name: \_\_\_\_\_ d) Marketing Authorization Number: \_\_\_\_\_

e) Batch/Lot Number: \_\_\_\_\_ f) Date of Manufacture: \_\_\_\_\_

g) Expiry/Retest Date: \_\_\_\_\_ h) Storage conditions: \_\_\_\_\_

i) Quantity Submitted: \_\_\_\_\_ j) Applicant's Reference Number: \_\_\_\_\_

3. **Sample Source:** \_\_\_\_\_

4. **Reason for Requesting Analysis** (Tick as appropriate):  Compliance Testing  Investigative Testing  
 Other (Please specify): \_\_\_\_\_

5. **Test(s) Required** (Tick as appropriate):

No	Test	Requirement	No	Test	Requirement
i	Identification		v	Dissolution	
ii	Friability		vi	Assay	
iii	Disintegration		vii	Content Uniformity	
iv	pH (Acidity/Alkalinity)		viii	Full Monograph	

Other (Please specify): \_\_\_\_\_

6. **Specifications to be used for testing:** (Tick as appropriate)  USP  BP  European Pharmacopoeia  
 International Pharmacopoeia  Manufacturer's Specifications  Other (Please specify): \_\_\_\_\_

**Note:** If manufacturer's or 'other', please provide methods of analysis and specifications

7. **Details of person authorizing request for analysis:**  
 Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR LABORATORY USE ONLY**

**Visual Inspection Findings and any other comment:** \_\_\_\_\_  
 \_\_\_\_\_

**Received by:** Name \_\_\_\_\_ Sign \_\_\_\_\_ Date: \_\_\_\_\_

**Authorized by:** Name \_\_\_\_\_ Sign \_\_\_\_\_ Date: \_\_\_\_\_

**Laboratory Registration Number:** \_\_\_\_\_