



NATIONAL HEALTH PRODUCTS
QUALITY CONTROL CENTER

Code : FO/NHQC/PD/21.01

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Version: 00

FORM
REQUEST OF LABORATORIES FOR
TESTING

Date of issue: 27/12/2022

Effective date: 27/01/2023

REQUEST FORM FOR LABORATORIES OF TESTING

Customer General Information

Company/Agency Name

Company/Agency Address

Contact Person

Telephone / Email Address

Social Media

Analysis Requested for Registration Purpose

Analysis Requested for None Registration

Products Information

Product Name:

Composition:

Reference Method:

USP BP EP

JP FP

In-House Other

Dosage form:

Pack Size:

Manufactured by:

Country Name:

Marketing/ License Holder:

Batch/ Lot Number:

Mfg. Date:

Exp. Date:

Samples Quantity Need:

Storage Conditions:

Received Quantity:

2 – 8 °C Below 30 °C

Technical Documents

CoPP Certificate of Free Sale MoH Registration License (Copied) if renewal

Composition Unit & Batch Formula Validation Method/Verification Method (Hard Copy)

Specification & Analytical Procedure of API with CoA

Specification & Analytical Procedure of finished Products with CoA

Stability Study Testing and Data Real Time Accelerated Time

Reference/ Working Standard with CoA Corresponding to Sample Submitted

Quantity 1 - 5g Quantity > 5g

Signature and Customer Name

Date:

Noted! The feedback will be informed after 5 days of working day of submission.

Receipt date:

Check by:

Modified date

27/12/2022