	NATIONAL HEALTH PRODUCTS QUALITY CONTROL CENTER	**Code : FO/NHQC/PD/21.01** **Page: 1/1** **Version: 00**
	REQUEST FORM FOR LABORATORIES TESTING	**Date of issue: 02/05/2025** **Effective date: 02/06/2025**

REQUEST FORM FOR LABORATORIES 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 Non-Registration

Products Information

Product Name:
API Name:

Agreement on Reference Method (PC): ☐USP ☐Ph. Eur ☐BP ☐JP ☐Int Ph.
☐Manuf. and code:…… ☐Other…….

Agreement on Reference Method (MB): ☐USP ☐Ph. Eur ☐BP ☐JP ☐Int Ph.
☐Manuf. and code:…… ☐Other…….

Dosage form:	Pack Size:
Manufactured by:	Country Name:
Marketing/ License Holder:	
Batch/ Lot Number: Mfg. Date:	Exp. Date:
Samples Quantity Need: Received Quantity:	Storage Conditions: ☐< 30 ºC ☐< 25 ºC ☐2 – 8 ºC

Technical Documents

CoPP: ☐Y/☐N Certificate of Free Sale: ☐Y/☐N MoH Registration License if renewal ☐Y/☐N

Composition: ☐ Unit Formula ☐ Batch Formula
☐ Analytical Procedure of Finished Products ☐ Report of Validation Method/Verification Method

Specification of Finished Products: ☐ Shelf-life Specification ☐ Release Specification
Stability Study Testing and Data: ☐Y/☐N ☐CoA of Finished Products

☐ Reference Standard with CoA (Traceable with standard)	Quantity:	Receiving date:

Terms and Conditions:

- Parameters not included in the manufacturer's method will be tested according to NHQC policy.
- If the customer cannot provide the traceable reference standard, NHQC will use its traceable reference standard.
- All data and information obtained by customers and generated by NHQC are kept confidential.
- Deviation/Comment:…….....

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☐I have read, understood, and agreed with the conditions outlined above.

Customer Signature and Name:	Date:
Receiver Signature and Name:	Date:
Checked and distributed by:	Date:

Modified date
02 / 05 / 2025