Section – A	CUSTOMERS INFORMATION			
Name of Organization		**Requested by:**		
Address:		**Contact No.:**		
Email Address:		**Customer Type:**	Regular ☐ Contract ☐ Others ☐	

Section – B	SAMPLE INFORMATION		
Name of Sample (Brand Name)		**Type of Sample**	
Dosage Form & Strength		**Generic Name**	
Mfg. Date		**Expiry Date**	
Batch/ Lot No.		**Quantity provided**	

Section -- C	TESTING REQUIRED FOR

Please select from the list attached on page no: 3 and 4

Mention the name of test:

Reference standard /Working standard/ Internal standard/ Placebo provided by customer: (if yes provide detail belows)

Yes ☐ (USP, BP, WS) No ☐ Placebo ☐

Name of standard: Lot No:		Mfg date: Exp date:	
Name of standard: Lot No:		Mfg date: Exp date:	
Name of standard: Lot No:		Mfg date: Exp date:	

Section – D	TESTING METHOD/SPECIFICATION

USP ☐   BP/EP ☐   JP ☐   IP ☐   Any other (☐ please specify)_____

Section -E	CONFORMITY STATEMENT/ DECISION RULE

Yes ☐   No ☐   (select yes if the Conformity Stament/Decision Rule require d on report)

In case of Yes .Please select category:

Category 1: Decision rule with binary Statement for simple Acceptance Rule (w=0) e.g., Pass , Fail as per ILAC G8:09/2019 Clause 4.2.1.

Category 2: Decision rule with binary Statement along with guard band (equal to the expanded measurement uncertainty with a 95%

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coverage probability, w=U) e.g., Pass , Fail as per ILAC-G8:09/2019 Clause 4.2.2.

Category 3: Decision rule with non-binary Statement along with guard band (equal to the expanded measurement uncertainty with a 95% coverage probability, w=U) e.g., Pass, Conditional Pass, Conditional Fail, Fail as per ILAC-G8:09/2019 Clause 4.2.3.

Section – F	DOCUMENTS REQUIRED

COA ☐   MSDS ☐   Testing method ☐   Others ☐

Submitted By: _____   Signature & Date:_____

NOTE:

All the information provided above is correct, and in case of any deviation in contract/ agreement,customer should infom laboratory prior to proceed testing.

* *In case of any deviation made in the contract/ agreement the customer and all other affected personal shall be informed by the laboratory prior to proceed.*

* *The laboratory shall not be responsible to provide the method on customer's request if it is considered to be inappropriate or out of date.*

Section – G	FOR QA USE ONLY		
Sample ID/ Invoice No.		Name of Sample	
Batch No.:		Quantity received	
Mfg Date:		Exp Date:	
Sample Condition: Satisfactory ☐ Unsatisfactory ☐	(Describe the condition of w.r.t packaging, temperature& labelling)		

Section – H	FOR QC LAB USE ONLY

Test requested by customer:

Visual Inspection:

Expected Reporting Date:_____   Signature & Date: _____

Remarks:

Description of documents submitted along with the sample:

Received by:_____   **Designation:** _____   **Sign & Date:**_____

Test selection			
Type	**Dosage form**	**Applicable test**	**(√)**
Pharmaceutical Finished products	Topical (cream, ointment and lotion etc.)	Identification Assay Impurity pH Viscosity Other test (please specify)_____	☐ ☐ ☐ ☐ ☐ ☐
	Oral solid dosage (tablet, capsules, sachet and granules etc.)	Identification Assay Impurity Disintegration Dissolution Hardness Friability Content Uniformity Other test (please specify)_____	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
	Eye, Ear and Nasal Drops etc.	Identification Assay Impurity pH Osmolality Other test (please specify)_____	☐ ☐ ☐ ☐ ☐ ☐
	Syrups, Dry suspensions	Identification Assay Impurity pH Deliverable Volume Loss on Drying Other test (please specify)_____	☐ ☐ ☐ ☐ ☐ ☐ ☐
	Injectable and infusion	Identification Assay Impurity pH Deliverable Volume Other test (please specify)_____	☐ ☐ ☐ ☐ ☐ ☐
Raw Materials	Active Pharmaceutical Ingredients & Excipients	Moisture Content Loss on Drying Assay Impurity Identification Particle Size Water Content by (Karl Fischer)	☐ ☐ ☐ ☐ ☐ ☐ ☐

		Other Test (please specify)_____	☐
Microbiological test	Finished product, Raw material & Water etc.	Bioburden Bioassay Sterility Total Aerobic Microbial Count Total Yeast and Mold Count Other Test (please specify)_____	☐ ☐ ☐ ☐ ☐ ☐
Chemical Test for Water	City water, Water for injection, purified water and RO water etc.	pH Conductivity Chlorine Sodium Potassium Heavy Metals Total Dissolved Solids (TDS) All Chemical Parameters Other(please specify)_____	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Steroidal test	Blood, urine & drug product	Assay Other(please specify)_____	☐ ☐
Other tests	Finished products, raw material, Impurities and basic identification test etc.	Method Development Method validation Method verification Comparative dissolution profile Bioequivalence Chemical Equivalence Pharmaceutical Equivalence	☐ ☐ ☐ ☐ ☐ ☐ ☐
Any other (Please specify)			☐