National Quality Control Laboratory
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NQCL/F 01 - 03

ANALYSIS REQUEST FORM

1. **Name and address of applicant:** _____
2. **Company Contact Tel. No & Email address:** _____
3. **Name and presentation of product:** _____
4. **Name and address of Manufacturer** _____
5. **Sample Information:** _____
   a) **Batch/Lot Number** _____
   b) **Date of manufacture** _____ **Date of Expiry:** _____
   c) **List and Give the amount of active ingredients on label** _____
6. **Quantity submitted** _____
7. **Applicant's Reference number:** _____
8. **Test required by applicant. Mark (√) against test required on the table below:**

	Test	(√)	*Method		Test	√)	*Method
a)	Identification			n)	Relative Density		
b)	Dissolution			o)	Package integrity		
c)	Disintegration			p)	Viscosity		
d)	Friability			q)	Refractive Index		
e)	Assay			r)	Melting Point		
f)	Uniformity of weight/ Weight Variation			s)	Burst/volume Pressure for condoms		
g)	Content Uniformity			t)	Electronic leak Test		
h)	Uniformity of Volume			u)	Leak Test		
i)	pH(Acidity/Alkalinity			v)	Dimensions test (Width &Length)		
j)	Microbial Contamination Test			w)	Gloves		
k)	Sterility			x)	Needles		
l)	Bacterial Endotoxin test			y)	Syringes		
m)	Microbial Identification			z)	Full monograph (specify compendia)		
n)	Preservative efficacy Test				Other Tests (please specify)		

*Specify Method to be used; U.S.P., B.P., Ph.Eur., Int.P, Manufacturer's Method or Other

Where no precise instructions are given, then the monograph used is from officially recognized current versions of pharmacopoeias (United States Pharmacopoeia (USP), British Pharmacopoeia (BP), European Pharmacopoeia (Ph. Eur.) and International Pharmacopoeia (Int. Ph.).

Note: Clients have three days to contact NQCL if they desire to change or use a method that was not identified at the time of receipt.

8. **Other items submitted:** Mark (√) appropriately

CRS		MOA & Validation Data		Related Substances		Other (Specify)	

9. **Name, designation and signature of person authorizing request for analysis:**

Name: _____ **Designation:** _____ **Signature:** _____ **Date:** _____

Contact details (Phone Number): _____

FOR LABORATORY USE ONLY

Payment Details:

Receipt No.:		Amount Paid:		Accountant:		Signature:		Date:	

Date Received: _____

Received by: _____ **Authorized by:** _____

Laboratory Reference No. NDQ _____