



ANNEXURE – I

TEST REQUISITION FORM FOR TESTING OF EXPORT COUGH SYRUP(S)

Company Name	:	
Name of the Contact	:	
Person & Designation	:	
Mobile Number	:	
E-mail	:	
*Mfg. Lic. No.	:	
Date/Year of Validity	:	
*Manufactured by	:	
Address as per approved	:	
Label of the sample	:	
*Exported by	:	
*Country of Export	:	
Customer Ref. No. & Date	:	

***NOTE: Documented evidence shall be submitted mandatorily.**

SAMPLE PARTICULARS

Sl. No.	Name of the Sample (s)	Brand Name (s)	Batch No.	Mfg. Dt:	Exp. Dt.	Quantity Submitted

CHECKLIST

S.No.	Particulars of the Document	Yes/No/NA	Remarks
1.	Test Requisition form for testing of Cough Syrup (Annexure – I)		
2.	Submitted Covering Letter from the Manufacturer/Exporter on letter head addressed to concerned laboratory		
3.	Whether Manufacturing License of the product for export purpose submitted		
4.	Whether export order submitted		
5.	Whether submitted sample is a Representative sample from the export consignment		
6.	Whether Qualitative composition of product including excipients mentioned on the label of the sample		
7.	Whether sufficient Quantity of sample submitted for performing complete analysis as per STP (Thrice the Quantity)		
8.	Whether Certificate of Analysis (COA) by the manufacturer of the particular batch attached		
9.	Whether product Monograph available in any Pharmacopoeias (Specify)		
10.	Whether in-house Method of Analysis / Standard Testing Procedure of the particular Batch is Submitted (if applicable)		
11.	Whether Reference / Working Standard (with traceability Certificate) along with COA and Placebo (if applicable) submitted		
12.	Whether impurity along with COA is submitted		
13.	Kindly specify any special storage conditions required		
14.	Kindly specify if special handling and disposal procedure is required		
15.	Any Remarks indicate here any additional information that you wish to provide for clarity and reference purpose.		

I hereby declare that the above samples(s) is/are submitted with knowledge and the authority of my company. I accept the terms & conditions of the Central Drugs Testing Laboratory, CDSCO, DGHS, MoH & FW, Government Of India, S.R. Nagar, Hyderabad.

Date:

Signature

Office Use

Method of Sample submission : by person /courier / mail

Annexure – I & Annexure II : Submitted / Not Submitted

Sample Accepted / Rejected :

Remarks :

Verified by**Approved by**