



SAMPLES REPOSITORY OFFICE

SR 06

SAMPLE SUBMISSION FORM

Part A: Customer Details

- 1.0 Customer Name: _____
- 2.0 Customer Address: _____

- 3.0 Contact Person: _____
- 4.0 Designation: _____
- 5.0 Contact: Mobile No. _____ Telephone No. _____
- 6.0 E-mail: _____

Part B: Product Details

- 7.0 Product Generic Name: _____

- 7.1 Brand Name: _____
- 7.2 Pharmacological classification (*e.g. anti-malarial*): _____
- 8.0 Manufacturer: _____
- 8.1 Manufacturer`s address: _____

- 8.2 Date of Manufacture: _____
- 8.3 Date of Expiry: _____
- 8.4 Batch Number: _____
- 8.5 Country of Origin: _____
- 8.6 Zimbabwe Registration Number (*if any*): _____
- 9.0 Sampling Site: _____
- 9.1 State/Province/City: _____
- 9.2 Storage conditions: Temperature _____ Humidity _____
- 9.3 Sample size: _____
- 10.0 Transportation conditions (*e.g. cold chain samples*): _____

Part C: Analysis Required

11.0 CHEMICAL ANALYSIS

YES	NO
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CUSTOMER REF NO:					
Details of Analysis Required <i>(Please insert (✓) or X in the applicable box)</i>					
	Test	Yes(✓) or No (X)		Test	Yes(✓) or No (X)
a.	Appearance		b.	pH	
c.	Identity		d.	Assay	
e.	Uniformity of Mass		f.	Dissolution	
g.	Disintegration		h.	Uniformity of Content	
i.	Friability		j.	Heavy Metals	
k.	Hardness		l.	Moisture Content	
m.	Decomposition Products		n.	Related Substances	
o.	Other test <i>(please specify)</i> :				

12.0 Any Other Comments:

13.0 MICROBIOLOGICAL ANALYSIS:

YES	NO
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CUSTOMER REF NO:							
Details of Analysis Required <i>(Please insert (✓ or X) in the applicable box)</i>							
	Test	Yes (✓)	No (X)		Test	Yes (✓)	No (X)
a.	Appearance			b.	Pyrogen (LAL/BET)		
c.	Microbial Limit (Microbiological Examination of Non-Sterile Products)			d.	Microbial Assay		
e.	Sensitivity Test			f.	Sterility Test		
g.	Preservative Efficacy			h.	Other Test <i>(please specify)</i>		
i.	Other test <i>(please specify)</i> :						

14.0 Any Other Comments:

15.0 Sample Submitted by: Name _____ Date _____

<u>FOR MCAZ USE ONLY</u>	
16.0 Sample Received by:	Name _____ Date _____
17.0 MCAZ Ref. No:	_____