Medicines Control Authority of Zimbabwe

SR 03

SAMPLES REPOSITORY OFFICE

Sample Receipt Form-Medical Devices
(Page 1 of 3 to be completed in duplicate)

Part A: Customer Details

1. Customer Name: _____
2. Customer Address: _____

   _____
3. Contact Person:_____ 4.Designation:_____
5. Contact Telephone No._____ 6. E-mail: _____
7. Sample Submitted By:

Name: _____ Signature: _____ Date_____ Time_____

Part B: Product Details

8. Date Sample Submitted:_____
9. Sample Classification _____
10. Product Names: Brand: _____

    Type: _____
11. Manufacturer:_____
12. Country of Origin:_____
13. Product license Number:_____

14. Sample Received By MCAZ:

Name:_____ Signature:_____ Date:_____

MCAZ Ref	Batch Number	Date of manufacture	Date of Expiry	Sample size	Container Status	Label appearance	Sample storage conditions

Part C: **Sample Details**

No.	ITEM:	COMMENTS
1.	Package Size	
2.	Review of Requests, Tenders and Contracts	

Any other comments:

_____

_____

Part D**: Sample Forwarding**

Destination / Unit_____

Forwarded by_____ Date_____ Time_____
Signature

Received by_____ Date_____ Time_____
Signature