

# Sample Collection Form

DCN:GN-PR-01-F02 ver 01

No of pages:01

My No: .....

(No. of Food & Drugs Inspector)

Address: .....

.....

.....

.....

Director

National Medicines Quality Assurance Laboratory,

No.120, Norris Canal Road,

Colombo 10.

## **SAMPLES FOR ANALYSIS (FORMAL / INFORMAL)**

Under mentioned drug / device / cosmetics samples are sent herewith for analysis under the section 125(a) of NMRA Act. Please forward report to the address mentioned in section 7 below.

01 Sample No: ..... Date of Sampling: -.....

02 a) Name of the product: .....

(Generic Name & Trade Name)

b) Strength of the product: .....

(active ingredient)

c) storage temperature according to the label: -.....

d) Quantity: ..... e) Dosage form: .....

f) Description of the original pack: Material: Glass/Plastic/Metal

Type: Bulk/Plastic/Metal

Volume: .....

Opened pack / Unopened pack

03 Batch / Lot No: ..... Date: Man: ..... Date: Exp: .....

04 Name & address of the Manufacturer :-

.....

.....

05 a)Place of sampling & address:-

.....

.....

b) Storage temperature at the time of sampling: .....

c)Any other remarks on environmental conditions: .....

06 Reason for sampling (please tick ✓ the appropriate cage)

☐ On request by N.M.R.A.

☐ On complaint by the Consumer / Practitioner

☐ To test quality, efficacy & safety / identification

☐ To comply under section ..... of N.M.R.A. Act.

☐ To test for adulteration / harmful substances

☐ Others (Please specify)

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07 Name & address of Authorized Officer: .....

Contact number: Mobile: .....

Direct: .....

.....

.....

Signature & Stamp of Food & Drug

Date

Inspector or Authorized Officer

***National Medicines Quality Assurance Laboratory, N.M.R.A., Sri Lanka.***