

GN-PR-01-F03 ver.01
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DRUG SAMPLE FOR QUALITY TESTING (COMPLAINT / SURVELLIANCE)

1. Name of the product.
 - a) Generic Name :
 - b) Brand Name (if any) :
2. Dosage form :
3. Specifications (state whether B.P., U.S.P., N.F., etc.):
4. Strength/s of the product (i.e., active ingredients):
5. Composition of the drug product (i.e. Each enteric coated tablet contains.../ or each ml contains....etc) :
.....
.....
.....
6. Batch number / Lot number:
7. Date of manufacture (if any):
8. Date of expiry:
9. Manufacturer's name and full address:
10. Description of the original container / pack:
(If different from the submitted pack)
11. Quantity submitted Defective (Yes / No) Quantity:
 Unopened packs (Yes /No) Quantity:
12. Stock available at the institution of the drug product of the same batch:
Different batch:
13. Storage requirements stated on the label:
14. Storage condition at the source:
15. Nature of the problem / complaint with all relevant details:
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16. Any other remarks:
.....
17. Contact number for further inquiries on the sample: Mobile:
Direct:

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Head of the institute /
Decentralized Unit

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