Submission of Product complaints to NMQAL

GN-PR-01-F03 ver.01 No of Pages: 01

Director, National Drug Quality Assurance Laboratory, 120 Norris Canal Road, Colombo 10.

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 containsetc): 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:
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15. Nature of the problem / complaint with all relevant details:
16. Any other remarks:
17. Contact number for further inquiries on the sample: Mobile:
Direct:
Direct
Name, Address and Designation Head of the institute /
Of the Officer making the request. Decentralized Unit

National Medicines Quality Assurance Laboratory, NMRA/ Sri Lanka.