



National Quality Control Laboratory

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ANALYSIS REQUEST FORM

(To be filled in Duplicate)

1. Name and Address of Applicant _____

2. Name & Tel. of Contact Person _____

3. Name and Presentation of Product _____

4. (a). Name and Address of Manufacturer _____

(b). Batch/Lot Number _____

(c). Date of Manufacture _____ Date of Expiry _____

(d). List and Give the Amount of Active Ingredients on Label _____

5. Quantity submitted _____

6. Applicant's Reference number _____

7. Test(s) required by applicant _____

*Tick against test required (✓):

a.	Identification		n.	Microbial Identification	
b.	Dissolution		o.	Preservative Efficacy Test	
c.	Disintegration		p.	Melting Point	
d.	Friability		q.	Relative Density	
e.	Assay		r.	Refractive Index	
f.	Uniformity of Weight		s.	Condom Tests	
g.	pH(Acidity/Alkalinity)		t.	Glove Tests	
h.	Microbial Contamination Test		u.	Other Tests (please specify)	
i.	Sterility				
j.	Bacterial Endotoxin Test				
k.	Package Integrity				
l.	Viscosity				
m.	Full Monograph (specify compendium)				

8. Name, Designation and Signature of person authorizing request for analysis:

Name: _____ Designation: _____ Signature: _____ Date: _____

FOR LABORATORY USE ONLY

Date Received : _____

AUTHORIZED BY:

Received by : _____

Laboratory Reference Number : _____