TEENA BIOLABS PVT. LTD.

Laboratory: Plot No. 41, S.V. Co-operative Industrial Estate, Bachupally (V), Quthbullapur (M), R.R. Dist., Telangana.
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ISO 9001:2008
ISO 17025 : 2005

REQUISITION FOR ANALYSIS

CUSTOMER PARTICULARS TBL/SOP/QA/GE/048/F-01

Address:.....	Customer Ref. No:.....Date.....
.....	Mfg./Drug Lic. No:.....
.....	Contact person.....
.....	Designation:.....Ph.....
..... Pin.....	E-mail I.D.:.....

SAMPLE DETAILS:

Report required as per Form -39[*1] ☐ Yes ☐ No (Put "√" mark which is applicable)

Teena Registration Number:		Suppliers Name:	
Sample Name:		Quantity of sample Submitted:[*3]	
Regulatory Market (U.S, Europe etc.)[*2]		Nature of Packing:[*4]	
Sampling Point:		Storage Instruction & Condition:	
Sampled by (Name):		Tests required: (a) (b) (c) (d) (e) (f)	
Batch Number.:			
AR. No.:			
Manufacturing date:			
Expiry date.:			
Retest date:		Specification No./ STP No.(or) IP/BP/Ph.Eur./ USP/JP[*5]	
Batch size/ Quantity received:			
Manufacturers Name:			

[*1] Customer shall provide Drug license Number, Product(Sample) name, Batch Number, Batch size/ Shipment Quantity, Manufacturing date, Expiry date/Retest date, Specification, Method of Analysis (or) Pharmacopoeial reference are mandatory for Form-39 report.

[*2] If the sample related to Regulatory market, Method transfer/ Method Validation/ Method Verification mandatory.

[*3] Customer should ensure that, the sample quantity should be more than the two times of the analysis.

[*4] Customer should ensure that, sterilized bags or sterilized bottles to be used for samples sending for microbiological analysis.

[*5] Provide copy of specification and STP in case of customer In-house method.

Specific Requisition if any:

I hereby declare that the above sample (s) is/are submitted with my knowledge on behalf of my company.

Customer Name:

Signature: