



SOP NO.: SOP/LPI/QU/011

Version: 01

Effective Date:

JAN 11 2017

Title: Sample Receipt, Tracking, Storage and Disposal

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Annexure I

Sample Submission – Test Request Form (Only one sample per form)

Section I: Information of Requestor for sample analysis

Company Name:
Address:
Contact name and Designation:
Contact e-mail (phone):

Section II: Sample Information

Sample Name, Grade/Monograph Reference:
Controlled Substance Class: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 N <input type="checkbox"/> 3 <input type="checkbox"/> 3N <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A
Specification Reference:
Sample form: <input type="checkbox"/> Powder <input type="checkbox"/> Tablets <input type="checkbox"/> Capsules <input type="checkbox"/> Other (Explain)
Number of containers: <span style="float:right">Quantity per container:</span>
Lot/Batch # <span style="float:right">Storage conditions:</span>
Phase of process/development:

Section III: Tests requested

Test name*	Method reference	Additional Instructions

Note: \*For full testing list the specification number. Fill one form for each sample. Send the original and keep one copy for records.

Section IV: Sample Receipt Record (For Liberty Pharma Inc use Only)

Sample Received by/Date:
Airway/shipping# _____ Carrier: _____
Notes by receiver:
LPI assigned Sample ID (AR No.) for tracking:
Head QU/Designee approval:

Notes: Completed form filed with QU. Copy of the completed form to be filed with the completed sample records. These services are governed by Liberty Pharma Inc's terms and conditions unless a Master Quality/Services Agreement between the parties is in place, in which case that Agreement governs the services.