

**Annexure- III**

**Requisition Form for Retention Sample**

Company Logo Here

**XX PHARMACEUTICALS LIMITED**

117 Adams Street, Brooklyn, NY 11201, USA

**Requisition Form for Retention Sample**

**Product Name** : \_\_\_\_\_

**Batch No.** : \_\_\_\_\_

**Requested Quantity** : \_\_\_\_\_

**Reason** : \_\_\_\_\_

**To be returned to Quality Assurance (Put tick)** :      Yes ☐      No ☐

**Requested By/ Date** : \_\_\_\_\_

**Requester Department** : \_\_\_\_\_      **Sign of Dept. Head:** \_\_\_\_\_

**Approved By (AGM, QA)** : \_\_\_\_\_

**Supplied By (QA)** : \_\_\_\_\_      **Received By (Requester)** : \_\_\_\_\_

**Returned On** : \_\_\_\_\_

**Condition of Sample** : \_\_\_\_\_

**Received and returned to Archive** : \_\_\_\_\_