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Director

National Drug Quality Assurance Laboratory

120, Norris Canal Road

Colombo 10

<u>DRUG SAMPLE FOR QUALITY TESTING (COMPLAINT / SURVEILLANCE)</u>

<u>LABLE</u>

1. **Name of the product**
    - **(a) Generic name : ………………………………………………………**
    - **(b) Brand name : ………………………………………………………**
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 table contains …...............................………… / or each …………etc) :……………………..
………………………………………………………………………………………**
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 original 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:
………………………………………………………**
13. **Storage requirements stated on the label:
……...………………………………………………………………………………**
14. **Storage condition at the source: …………………………………………………..
………………………………………………………………………………………**
15. **Nature of the problem/ complaint with all relevant details: …………………..
……………………………………………………………………………………….**
16. **Any other remarks: ………………………………………………………………**

Name, address and designation **Of the Officer making the request**	**Head of the Institute/** **Decentralized Unit**

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