

## Order of analysis PHARMA

All sections of the form marked \* contain mandatory fields and must be answered to ensure successful completion of the task.

### Purchaser \*

Customer \*: \_\_\_\_\_

Customer no.: \_\_\_\_\_

Address \*: \_\_\_\_\_

Postcode city \*: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact \*: \_\_\_\_\_

Position / function: \_\_\_\_\_

Tel. direct: \_\_\_\_\_

E-mail \*: \_\_\_\_\_

Your reference: \_\_\_\_\_

Referred to quotation no.:

Pre-analysis consultation requested

### Billing address

Customer  Following address

Customer: \_\_\_\_\_

Contact: \_\_\_\_\_

Street: \_\_\_\_\_

Postcode city: \_\_\_\_\_

Country: \_\_\_\_\_

E-mail: \_\_\_\_\_

Invoice by:  e-mail  mail

### Report (e-mail = standard)

German  English

Add. copy by e-mail to:  Additionally by mail

Add. e-mail: \_\_\_\_\_

No.	Sample name	Lot/batch no.	No. of containers	Add. sample information	To be stored (RT, protected from light, moisture, under exclusion of air)
1					
2					
3					
4					
5					
6					

### Safety notices \*

(e.g. toxicity, hazard/precautionary notices, narcotics, biohazards, MSDS): \_\_\_\_\_

### Delivery date \*

Standard (≥ 5 working days)  Express (≤ 3 working days), 50% surcharge  Latest date: \_\_\_\_\_  
(Depends on scope of analysis) Confirmed advance notification required!

Assignment to examine the above samples in accordance with the scope of testing (see reverse).

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Purpose of analysis \***

- R&D  Raw material QC  Release testing (market)  Release testing (clinic)  
 Microbiological monitoring  Registration  Stability studies  
 Other: \_\_\_\_\_

**Scope of testing \***

- Complete Monograph EP  Complete Monograph USP  
 Complete Monograph JP  acc. to the following table  acc. to the supplement  
 Method development / validation  according to the UFAG test plan no.: \_\_\_\_\_

**Quality standard \***

- GMP <sup>(1)</sup>  US-cGMP <sup>(1)</sup>  ISO 17025

<sup>(1)</sup> verification / validation may be required

**The scope of testing is for all samples \***

- the same  different (see details below or supplemental sheet)

No.	Parameter, method/technique	UFAG-validation or verification number	Specification (unit)

**Comments:**

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