**Shenzhen Institute for Drug Control**

**Test request form (contract)**

Contract No.: Sample ID:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **For applicant use only** | | | | | |
| Sample name: | | | Manufacturer: | | |
| Strength or Concentration: | | | Packaging: | Dosage form: | |
| Marketing authorization No.: | | | Batch No.: | | |
| Source of material: | | | Expiry date: | Sample date: | |
| Size of sample: | | | Size of consignment: | | |
| **Information for applicant** | Description of the sample (including composition, INN and brand name): | | | | |
| Purpose for test: | | | | |
| Test items: | | | | |
| Specification to be used for testing: | | | | |
| Name of applicant: | | | | |
| Address: | | | | Postcode: |
| Tel: | | E-mail: | | Contact: |
| Other items submitted  Letter of authorization □ Specification□ Reference standards□  Business license□ Other□ | | | | |
| Sample information  Visual inspection:  Required storage condition: | | | | |
| Statement (if necessary): | | | | |
| **For laboratory use only** | | | | | |
| Subcontracted test items: | | | | | |
| Name of the subcontracted laboratory: | | | | | |
| Timeline: | | | | | Charge/Fee: |
| Laboratory address: | | | | | Postcode: |
| Tel: 0755-26031832 、26031833 | | | E-mail:[szidc-bt@szidc.org.cn](mailto:szidc-bt@szidc.org.cn) | | Contact: |
| Further comments | |  | | | |

Applicant: Laboratory:

Date: Date: