**Shenzhen Institute for Drug Control**

**Test request form (contract)**

Contract No.: Sample ID:

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| **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 submittedLetter of authorization □ Specification□ Reference standards□Business license□ Other□ |
| Sample informationVisual 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 | Contact: |
| Further comments |  |

Applicant: Laboratory:

Date: Date: