**SPONSOR AND REPORTING INFORMATION**

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| --- | --- | --- | --- | --- | --- |
| Application Date:\_\_/\_\_/\_\_\_\_ | | | | | |
| Company Name: |  | Contact Person: |  | Email: |  |
| Address: |  | Tax Office: |  | Tax Number: |  |
| Report Language: | Turkish English | Report Submission Method | Email Shipping | Archival Sample Storage | Yes No |
| Summary Note: |  | Number . Return Request: | Yes No | Archive Sample Storage Period and Amount: |  |

**SAMPLE AND ANALYSIS INFORMATION** *(You can add lines if necessary.)*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sample Name: | Pharmaceutical Form: | Packaging Information: | Sample Serial/Lot Number: | Production Date/Expiration Date: | Sample Quantity: | Sample Transfer  Storage Conditions: | Requested Analyses: | Analysis Method: |
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**Nitrosamine Analysis** *(You can duplicate the table if necessary.)*

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| --- | --- | --- | --- | --- | --- | --- |
| Product Active Ingredient Name |  | Requested Work Type 1 : | QC  Method Verification | Validation Required? | Yes  No | |
| Maximum Daily Dose: |  | Requested Method 2 : | Nanolab In-house Method  Company Method | Stability Samples Required? | Yes No  If yes, please answer the following questions  Parameters to be checked  25ºC 30ºC 40ºC Other | |
| Claimed Nitrosamines : |  | Documents Required for Request Review: | Safety Data Sheet  Certificate of Analysis  Content Information | How Many Different Serial Number Products Are Required to Be Controlled for Stability Control? | |  |
| Requested Limits: |  | *a QC study is requested, a product-specific recovery study is conducted using pharmacopeia and in-house methods. If adequate recovery is not achieved, a product-specific method development process must be initiated. In this case, re-pricing is applied.*  *Method Verification : Product-specific validation studies are conducted for the in-house method used. This study requires a placebo along with the product .*  *2. If applicable, the requested LOD and LOQ limits must be specified. If not specified, the in-house method limits apply.*   * *The request review period is 2 business days from the date the request is submitted along with the requested documents.* * *Two trial runs will be carried out starting from the reported analysis start date, and information about the process will be given within 2 business days.* * *If the process progresses towards method development, a new plan will be created and the planned dates will be communicated.* | | | | |

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| SAFETY INFORMATION | |
| Explanation: | **SDS MUST BE SENT FOR SAMPLES. FOR SAMPLES THAT MIGHT HARM THE USER, THE ENVIRONMENT, OR THE DEVICE, RISK AND SECURITY CODES MUST BE SPECIFIED BELOW, AND SAMPLES MUST BE SENT APPROPRIATELY LABELED. SAMPLES ARE ACCEPTED FOR ANALYSIS AFTER NECESSARY PRECAUTIONS ARE TAKEN AND HARMFUL EFFECTS ARE REMOVED.** |
| Risk and Security: |  |

GENERAL CONDITIONS

* The laboratory is not responsible for any incorrect analyses and services, delays, or additional/re-analyses performed based on incomplete/incorrect information declared by the Sponsor regarding the sample.
* The sending and transportation of the sample is the responsibility of the sponsor . Samples that do not arrive in appropriate conditions will not be recorded and the customer will be informed.
* Unless otherwise requested, samples are stored for 15 days from the report submission date. After this period, the samples are destroyed, and objections to the analysis will not be considered. Samples that have expired within this period are destroyed without further delay.
* The requested analysis methods are specified in the offer, and the laboratory working conditions are deemed to have been accepted by the company that approves this form.
* The sponsor company is responsible for any delays that may occur in case of any missing information in the above information .
* **To inform:**
  + Answering the information in the form accurately and clearly is important for the accuracy of the analysis and the creation of a price quote.

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| --- | --- | --- | --- | --- | --- | --- |
| Official:  Signature  History: | | I accept the general terms and conditions and confirm the accuracy of the information I have declared. Any damages arising from inaccuracies in the information will be our sole responsibility. I hereby declare that I agree to have the analyses requested in the form performed and to pay the amount invoiced to us based on the prices quoted for this work. | | | | |
| Sample Acceptance Conditions | Conformity Check (To be filled by Sample Acceptance.) | | | | | |
| Sample Arrival Date: |  | | Sample Arrival Method: | By hand Cargo | Sample Quantity: |  |
| Sample Transfer Conditions: |  | | Sample No: | |  | |
| Samples must be in their original packaging and labeled. | Suitable Not Suitable …………………………………………………………………………………………………………………………………………………………… ) | | The physical structure of the packaging must be intact, not leaking and unopened. | | Suitable Not Suitable …………………………………………………………………………………………………………………………………………………………………………… ) | |
| All submitted samples must have the same content, charge/serial number, and packaging specifications. All analyses will be conducted on the same samples. Products with deformed, scratched, or engraved labels will not be accepted. Notes/writings other than those on the labels will not be considered. | Suitable Not Suitable …………………………………………………………………………………………………………………………………………………………… ) | | Sample Acceptance Status: | | Acceptance Rejection ……………………………………………………………………………………………………………………………………………………………………………… ) | |
| Sample Acceptance Officer  Date / Signature | |  | |

**Nanolab Laboratuvar Hizmetleri Kimya Gıda Danışmanlık Çevre Eğitim San. Tic. Ltd. Şti.**

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