



Issued To Department:Quality Assurance (INDOCO ANALYTICAL SOLUTIONS)

	<b>INDOCO ANALYTICAL SOLUTIONS (Public Testing Laboratory)</b> division of Indoco Remedies Limited. R&D Centre, R-92/93, Ground Floor, TTC M.I.D.C., Industrial Area, Rabale, Navi Mumbai – 400 701.
<b>FORMAT</b>	
Format Name : TEST REQUISITION FORM	
Format Number : F13/02-SOP/IAS/QA/047	Effective Date : 06/10/2025

Organization Name and Address of Customer :	Contact information of Customer: Name & Contact number: Email ID:
Name of Sample & Pharmacopoeial status:	
Sample Category: <input type="checkbox"/> API/FP <input type="checkbox"/> RM <input type="checkbox"/> INT <input type="checkbox"/> INP <input type="checkbox"/> Others : _____	
Batch Number:	
Reference /Working Standard Batch No.:	License No.(Manufacturing Site) [For 'Batch Release']:
<b>Storage of sample:</b> <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerate <input type="checkbox"/> Desiccator <input type="checkbox"/> Protect from Light <input type="checkbox"/> Others: _____	
Test to be Carried out:	
Sample Quantity:	Control Sample Quantity:
Standard Quantity:	<input type="checkbox"/> COA provided
If any additional information required for analysis- M/C:	
Specification No.:	LOD: Potency/Purity: Any other:
Method Validation / Verification/ MTR/Study No.:	
Manufactured By:	Manufacturing Date:
Batch Size/ Lot Size:	Expiry/Retest Date:
Method of Analysis to be used:	<input type="checkbox"/> IAS GTP <input type="checkbox"/> Customer supplied <input type="checkbox"/> Pharmacopoeial _____ <input type="checkbox"/> To be Developed /Optimized <input type="checkbox"/> To be Validated /Verified <input type="checkbox"/> Other _____
Is Method Validated/Verified at IAS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Method Transferred to IAS: <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the given sample/samples fall under any of the following category ?	
<input type="checkbox"/> Hormones <input type="checkbox"/> Steroids <input type="checkbox"/> Narcotics <input type="checkbox"/> Psychotropic <input type="checkbox"/> Control Substance <input type="checkbox"/> None of these	
<small>If product name is not provided (or coded) a declaration stating that given product does not fall under above specified category &amp; MSDS is mandatory.</small>	
Is MSDS supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No	If MSDS is not supplied, then details of precaution to be provided
Test report of sample submitted for testing is intended for:	<input type="checkbox"/> For Regulatory Submission <input type="checkbox"/> For Information only <input type="checkbox"/> Batch Release( Form 39)
If Regulatory Submission, then Specify Regulatory Agency:	

This is an electronically generated document and does not require handwritten signatures.

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Remarks (if any):	
<i>We hereby declare that all above mentioned information is correct and we are responsible for the same.</i>	
Sample Sent By:  _____ Sign & Date	Sample Checked By Before Sending: _____ HOD/Group Leader Sign & Date
<b>To be filled by Indoco Analytical Solutions</b>	
A.R. No. Assigned :	Sample Received By/ Sign & Date: _____
<b>Note:</b> 1) IAS stands for Indoco Analytical Solutions and GTP stands for General Test Procedure.2) API: Active Pharmaceutical Ingredient, FP: Finished Product, RM: Raw Material, INT: Intermediate, INP: In process 3 ) Samples which are for Regulatory submission & Batch release (Form 39) Method validation / Method verification/Method transfer is mandatory. 4) For Batch release sample 'approved specification is mandatory'.5) Control sample to be provided separately for 'Batch release'.6) Provide COAs of Standard / Sample 7) Tick in the box whichever applicable & write NA in the field whichever is not applicable.8) Provide Annexure wherever required 9) In case of incomplete information (including sample & standard quantities), sample will not be registered or logged.	

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