

DRUG ANALYSIS AND RESEARCH UNIT (DARU)
 DEPARTMENT OF PHARMACEUTICAL CHEMISTRY, PHARMACEUTICS & PHARMACOGNOSY
 UNIVERSITY OF NAIROBI
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REQUEST FOR ANALYSIS

1. NAME AND ADDRESS OF APPLICANT: _____

2. NAME AND TEL. OF CONTACT PERSON: _____
3. NAME OF PRODUCT: _____
4. TYPE OF PRODUCT: _____
5. MANUFACTURER: _____
6. BATCH NO. _____ MAN.: DATE. _____ EXP.: DATE. _____
7. ACTIVE INGREDIENT(S): _____

8. NUMBER OF UNITS SUBMITTED _____

9. TEST(S) REQUIRED: Tick as appropriate

	TEST (Tick - √)
a) Identification	
b) Related substances	
c) Assay	
d) Disintegration	
e) Dissolution	
f) Weight Uniformity	
g) Friability	
h) pH	
i) Viscosity	
j) Microbiological tests (Sterility, Assay, Microbial load) (indicate which)	
k) Others (Specify)	

10. Name and signature of person requesting for analysis:
 Name: _____ Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

11. For Laboratory use ONLY:

Date Received: _____
 Received by: _____
 Laboratory No.: _____
 Analyst: _____

DATE & STAMP

12. Name and signature of person authorizing request for analysis:
 Name: _____ Signature: _____ Date: _____