

**Test Request Form**  
**(To be used by Pharmaceuticals Industry Only)**

|  |                            |
|--|----------------------------|
| <b>To,</b><br><b>Director, Sophisticated Instrumentation Centre</b><br><b>for Applied Research &amp; Testing (SICART), Sardar</b><br><b>Patel Centre for Science &amp; Technology,</b><br><b>Vallabh Vidyanagar –388 120, Anand, Gujarat</b> | <b>For Office Use Only</b> |
|  | <b>Test Request No.:</b>   |

Note: Send the hand written/ typed copy of signed and completely filled form to Director, SICART along with samples

**Customer Details**

|                             |  |   |  |
|-----------------------------|--|---|--|
| <b>Name of Customer</b>     |  | <b>*Manufacturer Licence No.</b>        |  |
| <b>Department/ Division</b> |  | <b>*Licence No. for Testing Purpose</b> |  |
| <b>Address of Customer</b>  |  | <b>Sample Quantity</b>                  |  |
| <b>Phone / Mobile No.</b>   |  | <b>Your Reference No.</b>               |  |
| <b>Email ID</b>             |  | <b>Date</b>                             |  |

**\*Required only if purpose is for Batch Release.**

**Purpose of Analysis (Please tick any one):**

|                                   |                                     |                                       |  |                                      |
|-----------------------------------|-------------------------------------|---------------------------------------|--|--------------------------------------|
| For Batch Release                 | For R & D                           | For In-Process QC                     | For Stability Testing                  | For Filing of Drug Master File (DMF) |
| For Analytical Method Development | For Validation of Analytical Method | For Verification of Analytical Method | Characterization of Materials/Compound | Any Other (please specify)           |

**Type of Sample (Select from the following):**

|  |  |                                     |  |                                    |
|--|--|-------------------------------------|--|------------------------------------|
| Raw Material (API)                       | Raw Material (Excipients)                              | Raw Material (Intermediate for API) | Raw Material (Intermediate for Excipient)                      | Raw Material for API manufacturing |
| Raw Material for Excipient manufacturing | Raw Material for manufacturing of intermediate for API | Dosage form                         | Raw Material for manufacturing of "Intermediate for Excipient" | Others (Please Specify)            |

**Samples Details:**

| Sr. No. | Name of Sample | Batch No. | A.R. No. | Test Requirement/ Instrument Details | Analytical Method/ Sample Preparation Method | Remark (if any) |
|---------|----------------|-----------|----------|--------------------------------------|--|-----------------|
|         |                |           |          |                                      |  |                 |
|         |                |           |          |                                      |  |                 |
|         |                |           |          |                                      |  |                 |

(\*Note: In order to expedite your analytical work, please provide the information about any specific sample preparation method required, chemicals to be used, range of instruments to be used, any literature or your past analytical experience . We will appreciate your cooperation in this matter.)

**User Signature**

(Name and Signature along with office seal)

**For Office Use Only:****Date:****Signature of TM/DTM**

Note: This filled form must be accompanied by letter head issued by the competent authority on the letter head of the organization.