

# ams Laboratories Pty Ltd

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## SAMPLE SUBMISSION FORM

CLIENT:

DATE :

ADDRESS FOR REPORTS:

PHONE NO.:

FAX NO.:

ORDER NO.:

SUBMITTED BY :

EMAIL ADDRESS:

Test Required (pls tick)

No. of vials	Volume/ vial	Batch No.	Sample Description	Test Required (pls tick)						
				Sub – Visible Particles	LAL	LAL Validation	Sterility	Sterility Validation	Other*	

Please help us to help you by providing the details below for **validation** testing purposes:

Check list	Yes	No	Details
What is the batch size of the product? (i.e how many units are produced per batch?)			
Is the product filtrable?			
Does the product contain any preservative or antibiotic substance? If so; its name, % or concentration?			
Does the product contain: 1. protein or serum component?			
2. polysaccharide eg dextran?			
Is the product (if powder) soluble in water?			
If not, is it soluble in any solvent? Please specify.			
If liquid, is it miscible with water?			
Does the product have an endotoxin specification limit?			
If so, please specify.			
Please specify the potency of the product.			
Please specify the Dose/Kg of body weight that would be administered in a single one hour period.			
Please specify whether the product is a parenteral or an intrathecal drug.			
Is the pH of the product between 6.0 to 8.0?			
If not, please specify.			
Has the product come into contact with the following during processing: 1. cellulosic material			
2. yeast hydrolysate			
Is the product of biological origin?			
Is the product from a GMO (genetically modified organism) ?			
Is it hazardous to operators? Is the MSDS available? (Please supply us with one)			