

Title	Analytical Testing Report for Non Standard Testing				
Replaces		Effective Date		Doc No:	Form 715
Department	Laboratory	Doc Type	Form	Version No:	1.0
Reference SOP/s	LAB - 085				

Request No:					
Sample Type:	<i>[Retest / Non Standard Testing / Product Complaint / Validation / Others etc.]</i>				
Sample Name:					
Lot No:			Delivery No:		
No. of Samples		Date Received:		Hours:	
Results Required By:					
Testing Requested By:				Date:	
Analysis Required:	<i>[Assay / Content Uniformity / Degradations / Related Substances / Dissolution / Moisture / Other - specify.]</i>				
Test Method:					
Specification:					
Approved By:				Date:	

Observation / Discussion / Results / Comments:			
Attachments:	Yes/No	Pages Attached:	
Completed By:		Date:	

Conclusions:			
Approved By:		Date:	