



Contact Details : Phone :+ 9849403554	Enquiry email: contact@biofact.co.in Complaints Email: info@biofact.co.in	Customer Reference No.: Date : (office use)							
Customer particulars:		Contact person name: Designation: Phone No: Email ID: Mfg/Drug Lic. No.:							
Customer GST No.:									
Sample particulars:									
S.No.	Sample Name	Batch No.	Mfg. Date	Exp. Date.	Mfg. By	Batch Size	Qty Sub.	Test(s) Required	Spec./MOA/STP
Special Instructions if any (including storage conditions): Sample Received: Pouches/Covers/Bottles/Others					Method Reference Required: IP/BP/JP/Ph.Eur/USP				

S. N.	Please Provide the following information	Yes	No	NA	Remarks
1	The purpose of testing is as indicated: (1) For cGMP purpose (Method transfer/validation is mandatory)				Method of sample(s) submission: By person/ courier/ post Declaration: I hereby declare that the above sample(s) submitted are within the knowledge and the authority of my company. I accept the terms & conditions of M/s.Bio fact Research Private Limited. Name & Signature of the customer with date: _____
	(2) For R&D/ internal purpose (Declaration of non-commercial analysis & development in prescribed format is mandatory)				
	(3) Any Other (Please specify in Remarks Column)				
2	Do you want the method submitted by you to be validated for its suitability(charges may apply)?				Signature of the Bio fact Representative: _____
3	Is the reference standard or device submitted by you traceable? Please send relevant certificate or document along with the sample.(Where applicable)				Tentative charges in INR:Rs _____/- Advance Paid in INR Rs _____/-
4	Please provide details of any other material supplied				Balance to be Paid in INR Rs _____/- Tentative Report Due Date: _____/_____/_____
5	Any precautions to be taken while handling the sample / supplied item(including storage)?				Test Report Delivery Mode: person/courier/ E-mail