

QUALITY CONTROL REQUEST FORM

FORM I A

For office use only
R. No.01/ QC/CCS NIAH/.....

To
The Director,
CCSNIAH, Baghpat.

Reference no. and date:

Sir,

We wish to send the following samples to your institute for testing.

(Please refer instructions for filling the form)

Sl. No.	Source Details	
1.	Source	
2.	Name & address	
3.	Registration number	
4.	Contact person with designation	
5.	Contact no	
6.	Email	
	Sample Details	
7.	Name and nature of sample	
8.	Type of packaging	
9.	Type of storage required	
10.	Type of vaccine	
11.	Batch number and year	
12.	Presentation of sample	

13.	Special precautions	
14.	Any other information	
15.	Manufacturing date	
16.	Date of Expiry	

Please give the consent for sending the above mentioned samples for testing.

Yours sincerely,

Date:

(Authorised Signatory)

Name:

Designation:

INSTRUCTIONS FOR FILLING FORM IA

1 General guidelines

- 1.1 Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and rewriting and such corrections should be countersigned by the applicant.
- 1.2 Applications incomplete in any respect are liable to be rejected.
- 1.3 Both the pages of the form should bear sign of the authorized signatory and seal of the manufacturer.
- 1.4 Separate form should be filled for each batch sample.

2 Instructions for filling Form IA

Sl. No	Item no.	Item details	Instructions
1		Reference number and date	Reference number and date of the sample sending authority
2	1	Source	Manufacturers/distributor/state and central govt. offices/farms/others. If others please specify.
3	10	Type of vaccine	Live, killed, freeze dried, oil adjuvant vaccine etc.
4	12	Presentation of sample	Physical appearance and quantity
5	13	Special precautions	Handling guidelines
6	14	Any other information	Special requirements if any