

GMP Submission Form



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Client Name	
Address	
Contact	
Contact phone	

Email to	
Copy to	
Invoice to	
Order number	

URGENT (Tick)	<input type="checkbox"/>	All testing is routine unless this box is ticked. Contact us before submitting urgent testing as extra charges will apply
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Batch Number	
Sample Type	
Hazardous Sample	<input type="checkbox"/> Tick and please provide a Safety Data sheet.
Number of Containers	
Sample Description	

Pharmacopoeia Required	
BP	<input type="checkbox"/>
USP	<input type="checkbox"/>
FCC	<input type="checkbox"/>
Other	<input type="checkbox"/>
FULL	<input type="checkbox"/>
PARTIAL	<input type="checkbox"/>

If Partial Monograph Ticked, Specify Tests:	Non-Monograph Specifications:

Cawthron Code (for lab use only)	
Other test notes/comments	
Storage Requirements	

Chemistry Customer only: External LOD Result	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES, please supply:				

See over for Guideline for Sample Size

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Guideline for Sample Size

Laboratory	Sample type and sizes		
Chemistry	Tablets	full bottle, 25 tabs/caps	Disintegration
		25 tabs/caps	Friability
		25 tabs/caps	Hardness
	Powders	100g	Full monograph
		50g	Partial monograph
	Essential Oils	200ml	Full monograph
	Ethanol	2L	Full monograph
Trace	All sample types	50g	
Microbiology	Waters:	100ml	
	All other sample types	50g	