Sample Request Form For Stability Program  
(Ref. SOP LAB-130)

To be completed by Stability:

Product & Strength: ________________________________________________________________

Batch: Next Batch / Any Batch! Specific Batch

Lot Number of Specific Batch if applicable ____________________________________________

Year of Manufacturing: _____________________________________________________________

Packaging Type: Blisters / Bottle / Tube! Securitainer

Sample Amount: ______________________(Tablets! Capsules / Suppositories / Tubes / Bottles)

Comments:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Requested by: __________________________ Date: __________________
(Print Name)

To be completed by Planning:

Note 1: Samples should be taken from the first Packaging Split if possible.  
Note 2: If samples are taken from Multiple Bulk lots that are packaged together, ensure stability samples are taken from the newest Bulk lot.

Bulk Lot Required: ______________________

Comments:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Requested by: __________________________ Date: __________________
(Print Name)

To be completed by Packaging:

Note 3: Collect samples randomly.

Packaging Lot Number: _____________________ Bulk Lot Number: ______________________

Comments:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Sampled by: _____________________________ Date: __________________
(Print Name)