



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)