

REQUEST FOR QUOTATION - Format

CLL Regulatory Laboratory - Indore

Note to the Customer: Please complete this form and email it to info@choksilab.com for requesting a Quotation for testing in our Regulatory Laboratory (USFDA accepted).

1. CUSTOMER INFORMATION

Organization Name:			
Organization Address:			
Contact Name:			
Designation:		Department:	
Phone Number: (Board Number with Extension)	<hr/> +(Country Code) – (Area Code) – Tel Number	Phone Number: (Mobile / Direct Landline)	<hr/> +(Country Code) – (Area Code) – Tel Number
Email ID:			

2. SAMPLE INFORMATION

Sample Nature	Sample Type*	Test Parameters	Specifications <i>(Tick any one of the following. If you have ticked CSP, please attach the same)</i>	Preferred Method <i>(Tick any one of the following. If you have ticked STP, please attach the same)</i>	Number of samples / Year <i>(For e.g. 100 samples per year)</i>	Service <i>(Standard Turnaround Time / Express Turnaround Time)</i>
			USP / BP / EP / CSP	USP / BP / EP / STP		
			USP / BP / EP / CSP	USP / BP / EP / STP		
			USP / BP / EP / CSP	USP / BP / EP / STP		
			USP / BP / EP / CSP	USP / BP / EP / STP		
			USP / BP / EP / CSP	USP / BP / EP / STP		
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			USP / BP / EP / CSP	USP / BP / EP / STP		
			USP / BP / EP / CSP	USP / BP / EP / STP		

Attach additional pages in the above format, for more products

3. OTHER INFORMATION

1.	<p>Will the client provide any of the following:</p> <ul style="list-style-type: none"> ➤ Certified Reference Materials / Working Standard : Yes / No ➤ Impurities (if any): Yes / No ➤ Other: _____
2.	<p>a) If the facility is not available with CLL, would you like us to submit the test development and / or validation cost? Yes / No</p> <p>b) Would your organization bear the cost of such development and / or validation activity? Yes / No</p>
3.	<p>(a) For what purpose is the above testing going to be used:</p> <ul style="list-style-type: none"> (i) For routine Quality Control (ii) For Regulatory Submissions: IND / ANDA / DMF / CTD / Other: (iii) For Research & Development: (iv) Other: <p>(b) Regulatory Agency to which submissions are to be made: <input type="checkbox"/> MHRA, <input type="checkbox"/> MCC, <input type="checkbox"/> USFDA, <input type="checkbox"/> TGA <input type="checkbox"/> Other _____</p>
4.	<p>(a) What is the preferred payment cycle?</p> <ul style="list-style-type: none"> (i) Credit of Less than 30 days (ii) Credit of 30 - 60 days (iii) Advance Payment <p>(b) What is your preferred mode of payment?</p> <ul style="list-style-type: none"> (i) Cheque (ii) Electronic Transfer (iii) Demand Draft <p>(c) What is the preferred currency of your payment?</p> <ul style="list-style-type: none"> (i) USD (United States – Dollar) (ii) GBP (Great Britain – Pound) (iii) INR (Indian Rupees)
5.	<p>If the samples are going to be shipped from a country outside India, are the import clearances going to be handled by client or by CLL?</p> <p><input type="checkbox"/> CLL <input type="checkbox"/> Client <input type="checkbox"/> Not Applicable (For samples from within India)</p>
6.	<p>Would you like an electronic copy of the Reports? If yes, which email id(s) is (/are) authorized to receive the same?</p> <p>(i) _____</p> <p>(ii) _____</p> <p>(iii) _____</p>

Name of the requestor:		Signature & Date:	
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*** Notes:**

1. In the Sample Nature above, please state active ingredients as well as Brand.
2. Please mention label claim with active ingredients (for e.g. *Retinol Palmitate 1000 IU / ml*)
3. Sample Type can be any one of the following: Tablets / Capsules (ER / SR), Liquids, Gels, Ointments, Raw Material, Excipient, Dermal Patches, Body Sprays, Nasal Sprays, Injectable Powders / Liquids, Syrups etc.

Abbreviations

CSP: Client's Standard Specification
 STP: Standard Test Procedure
 USP: United States Pharmacopoeia
 BP: British Pharmacopoeia

EP: European Pharmacopoeia
 ER: Extended Release
 SR: Sustained Release