



Pharmaceutical Testing Facility
Hospital Avenue, Nedlands, WA 6009
Results & Enquires (08) 6383 4367
ABN: 83 469 340 804

PHARMACEUTICAL TESTING FACILITY REQUEST FORM

TGA Licence Number MI-2016-LI-09565-1

Company Name:	Schedule 8 Drug YES <input type="checkbox"/> NO <input type="checkbox"/>
Address:	Schedule 9 Drug YES <input type="checkbox"/> NO <input type="checkbox"/>
Contact Name:	Radiopharmaceutical Product YES <input type="checkbox"/> NO <input type="checkbox"/>
Contact Phone Number:	I, the purchaser, certify that the products provided for testing to the supplier have been cleared of any radiological or chemical exposure risk.
Contact Email:	Date: _____ Signature: _____
	Dispatch Number: _____

Laboratory USE ONLY		SAMPLE / PRODUCT INFORMATION					
Receiving Operator:							
Date Received:							
No of samples:							
Costed:							
Laboratory Number	Date and Operator Testing	Customer Ref.	Product Description	Batch No.	Fill No. or Sample Volume	Test Required	Specification Limits