

**TEST REQUISITION FORM FOR TESTING OF EXPORT COUGH SYRUP(S)**

To  
The Director,  
Central Drugs Testing Laboratory,  
MoH&FW, DGHS, CDSCO,  
CDSCO Bhavan, S.R. Nagar,  
Hyderabad, Telangana-500038

**Sub : Submission of Export cough syrup samples (Allopathic) for testing – Reg.,**

Dear Sir/Madam,

We are hereby sending Export cough syrup samples of **Finished product** along with **Reference / Working standards** of active substances, **Impurity Standards** and **placebo** for complete analysis along with Diethylene Glycol (DEG) and Ethylene Glycol (EG) as per the testing requirements (DCG(I) order vide letter No. DCGI/MISC/2023/09 Dated 26.05.2023 before export of cough syrups / suspension. Details of the product(s) as follows:

Sl. No.	Name of the Finished Product(s)	Product Details	Label Claim / Composition
1.	<b>Brand Name :</b>  Batch No.: _____ Mfg. Date: _____ Exp. Date: _____ Qty. Sent: _____ (3 times of the qty. as per STP) Placebo : _____	<b>Generic Name (Active Substances):</b>	Each _____ml contains:
2.	<b>Brand Name :</b>  Batch No.: _____ Mfg. Date: _____ Exp. Date: _____ Qty. Sent: _____ (3 times of the qty. as per STP) Placebo : _____	<b>Generic Name (Active Substances):</b>	Each _____ml contains:
3.	<b>Brand Name :</b>  Batch No.: _____ Mfg. Date: _____ Exp. Date: _____ Qty. Sent: _____ (3 times of the qty. as per STP) Placebo : _____	<b>Generic Name (Active Substances):</b>	Each _____ml contains:

**Note : Please attach Page No.3 as additional attachment, If above space is not sufficient**

**ADDRESS DETAILS OF THE MANUFACTURER / EXPORTER AS PER APPROVED LABEL FROM GOVERNMENT AUTHORITY**

*Manufacturer Name & Address _____ _____ _____ _____ _____		*Manufactured at : (third party licence address if any) _____ _____ _____ _____ _____		*Marketed / Exported by: _____ _____ _____ _____ _____	
*Mfg. Licence No.	:	_____	Date/Year of Validity:_____		
*Neutral Code of the Manufacturer	:	_____	Date/Year of Validity:_____		

**CONTACT DETAILS OF THE MANUFACTURER / EXPORTER DETAILS**

**Name of the Contact Person & Designation** : \_\_\_\_\_  
**Working at** \_\_\_\_\_  
 (Company Name ) : \_\_\_\_\_  
**Mobile Number** : \_\_\_\_\_  
**e-mail address** \_\_\_\_\_  
 (to forward the soft copy of test reports & other correspondence) : \_\_\_\_\_  
**\*Country of Export** : \_\_\_\_\_

**\*NOTE: Documented evidence shall be submitted mandatorily.**

I \_\_\_\_\_ hereby from the organization \_\_\_\_\_  
 \_\_\_\_\_ declare that the above sample is a **representative portion from the export consignment**, with knowledge and the authority of my company and I accept the terms & conditions of the Central Drugs Testing Laboratory, CDSCO, DGHS, MoH & FW, Government of India, S.R. Nagar, Hyderabad. I understand that if the information given by me is proved false/not true, I will have to face the punishment as per the rules and regulations of Government of India.

Date:

Signature & Stamp:

**DETAILS OF ENCLOSURES / DOCUMENTS**

1. Annexure – I (Test Requisition form for testing of Export Cough Syrup)
2. Covering letter from Manufacturer (If any)
3. A copy of Manufacturing License of the product for export purpose
4. A copy of export order
5. A copy of in-house Method of Analysis / Standard Testing Procedure of the particular Batch
6. Working Standard(s) & Impurity Standards (if any) along with COA
7. Placebo
8. Qualitative composition of product including excipients mentioned on the label of the sample
9. A copy of Certificate of Analysis (COA) of the particular batch
10. A copy of special precautions (or) storage conditions (or) disposal procedure (if any)

**Remarks (if any)**

**Mode of Sample Submission**

<b>By Hand</b>	<b>By Courier</b>
<b>Name &amp; Phone Number :</b>	
<b>Sign:</b>	

**ADDITIONAL ATTACHMENT**

Sl. No.	Name of the Finished Product(s)	Product Details	Label Claim
4.	<b>Brand Name :</b>  Batch No.: _____ Mfg. Date: _____ Exp. Date: _____ Qty. Sent: _____ (3 times of the qty. as per STP) Placebo : _____	<b>Generic Name (Active Substances):</b>	Each _____ml contains:
5.	<b>Brand Name :</b>  Batch No.: _____ Mfg. Date: _____ Exp. Date: _____ Qty. Sent: _____ (3 times of the qty. as per STP) Placebo : _____	<b>Generic Name (Active Substances):</b>	Each _____ml contains:
6.	<b>Brand Name :</b>  Batch No.: _____ Mfg. Date: _____ Exp. Date: _____ Qty. Sent: _____ (3 times of the qty. as per STP) Placebo : _____	<b>Generic Name (Active Substances):</b>	Each _____ml contains:
7.	<b>Brand Name :</b>  Batch No.: _____ Mfg. Date: _____ Exp. Date: _____ Qty. Sent: _____ (3 times of the qty. as per STP) Placebo : _____	<b>Generic Name (Active Substances):</b>	Each _____ml contains:
8.	<b>Brand Name :</b>  Batch No.: _____ Mfg. Date: _____ Exp. Date: _____ Qty. Sent: _____ (3 times of the qty. as per STP) Placebo : _____	<b>Generic Name (Active Substances):</b>	Each _____ml contains: