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)*	*+(Country Code) – (Area Code) – Tel Number*	Phone Number: *(Mobile / Direct Landline)*	*+(Country Code) – (Area Code) – Tel Number*
Email ID:			

2. SAMPLE INFORMATION

Sample Nature	**Sample Type***	**Test Parameters**	**Specifications** *(Tick any one of the following. If you have ticked CSP, please attach the same)*	**Preferred Method** *(Tick any one of the following. If you have ticked STP, please attach the same)*	**Number of samples / Year** *(For e.g. 100 samples per year)*	**Service** *(Standard Turnaround Time / Express Turnaround Time)*
			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		
			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.	Will the client provide any of the following: ➢ Certified Reference Materials / Working Standard : Yes / No ➢ Impurities (if any): Yes / No ➢ Other: _____
2.	a) If the facility is not available with CLL, would you like us to submit the test development and / or validation cost? Yes / No b) Would your organization bear the cost of such development and / or validation activity? Yes / No
3.	(a) For what purpose is the above testing going to be used: (i) For routine Quality Control (ii) For Regulatory Submissions: IND / ANDA / DMF / CTD / Other: (iii) For Research & Development: (iv) Other: (b) Regulatory Agency to which submissions are to be made: ☐ MHRA, ☐ MCC, ☐ USFDA, ☐ TGA ☐ Other _____
4.	(a) What is the preferred payment cycle? (i) Credit of Less than 30 days (ii) Credit of 30 - 60 days (iii) Advance Payment (b) What is your preferred mode of payment? (i) Cheque (ii) Electronic Transfer (iii) Demand Draft (c) What is the preferred currency of your payment? (i) USD (United States – Dollar) (ii) GBP (Great Britain – Pound) (iii) INR (Indian Rupees)
5.	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? ☐ CLL ☐ Client ☐ Not Applicable (For samples from within India)
6.	Would you like an electronic copy of the Reports? If yes, which email id(s) is (/are) authorized to receive the same? (i) _____ (ii) _____ (iii) _____

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

*** 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, Excepient, 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

Client Reference ID: _____