

**Sanskriti Ayurvedic Medical College & Hospital**  
**DEPARTMENT OF INTEGRATIVE HEALTH & TRANSLATIONAL RESEARCH**  
28KM Stone, NH-19, Chhata, Mathura (UP)

**IHTR-FRM-QC-03**

**APPLICATION FOR QUALITY CONTROL OF FINISHED RESEARCH  
MEDICINE**

**To,**  
The Head / Coordinator  
Department of Integrative Health & Translational Research (IHTR)  
Sanskriti Ayurvedic Medical College & Hospital

**Subject: Request for quality control testing of finished research medicine at Central Research Lab (CRL)**

Respected Sir/Madam, I request IHTR to facilitate quality control testing of the following finished research medicine at CRL as per the approved protocol / applicable specification.

| Researcher / Scholar Details |                                                                                                                    |                |               |
|------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------|---------------|
| Name of researcher           |                                                                                                                    |                |               |
| Programme                    | <input type="checkbox"/> MS/MD Ayurveda <input type="checkbox"/> PhD Ayurveda <input type="checkbox"/> Other ..... |                |               |
| Enrollment No.               |                                                                                                                    | Batch/ Session |               |
| Department                   |                                                                                                                    |                |               |
| Research Guide / Co-guide    |                                                                                                                    |                |               |
| Research title               |                                                                                                                    |                |               |
| CTRI Registration Date       |                                                                                                                    | CTRI Reg No.   | CTRI/   /   / |

| Finished Sample Details            |                                                                    |
|------------------------------------|--------------------------------------------------------------------|
| Name of formulation / sample       |                                                                    |
| Dosage form / Kalpana              |                                                                    |
| Batch No. / Date of preparation    |                                                                    |
| Quantity submitted                 |                                                                    |
| Reference standard / specification | API / AFI / applicable monograph / approved research specification |

**Tests requested:**   ☐ Physicochemical   ☐ Microbial   ☐ Heavy metals   ☐ HPTLC / HPLC  
☐ Other: \_\_\_\_\_

### Declaration by Researcher / PG Scholar

- ☐ The submitted sample represents the research batch prepared as per the approved protocol / documented method.
- ☐ Testing may be referred to an authorised external laboratory where required.
- ☐ The report will be used only for the stated academic / research purpose.

|                               |                    |                  |
|-------------------------------|--------------------|------------------|
| Researcher / PG Scholar Name: | Name of the Guide: | Name of the HoD: |
| Signature:                    | Signature:         | Signature:       |
| Date:                         | Date:              | Date:            |

| For IHTR / CRL Use    |                          |
|-----------------------|--------------------------|
| <b>Sample ID:</b>     |                          |
| <b>Date received:</b> |                          |
| <b>CRL In-charge</b>  | <b>Coordinator, IHTR</b> |
| Name:                 | Name:                    |
| Signature:            | Signature:               |
| <b>Date:</b>          | <b>Date:</b>             |